



Year Four, Annual Report *July 1, 2012 – June 30, 2013*

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Acronyms

ABHAN	Antigua and Barbuda HIV/AIDS Network
ACHAP	Association of Christian Health Associations Platform
ACS	Advanced Cook Stoves
ADEMAS	l'Agence pour le Développement du Marketing Social
AIDS	Acquired immune deficiency syndrome
AMfB	Acción Microfinance Bank
ANC	Antenatal care
AOGU	Association of Obstetricians and Gynecologists of Uganda
ART	Antiretroviral therapy
ARV	Antiretroviral drug
BCC	Behavior change communication
BCS	Balanced counseling strategy
BLM	Banja la Mtsogolo
BOP	Base of the pyramid
CCA	Circassian Charity Association
CD4	Cluster of differentiation 4
CEPEP	Paraguayan Center for Population Studies
CHAI	Clinton Health Access Initiative
CHAM	Christian Health Association of Malawi
CHC	Channel Health Champion
CHP	Community Health Promoters
CHW	Community Health Worker
CME	Continuing medical education
COC	Co-operative Insurance Company
COP	Country operational plan
CoR	Continuum of response
CPD	Continuing professional development
CTU	Contraceptive technology update
CYP	Couple years of protection
DCA	Development credit authority
DFID	United Kingdom Department for International Development
DGFP	Directorate General of Family Planning
DHO	District health office
DHS	Demographic and health survey
DMPA	Depot Medroxy Progesterone Acetate
EBM	Evidence-based medicine
FHI360	Family Health International 360
FP	Family planning
FP/RH	Family planning/reproductive health
FW	Family wellness
GIZ	German Government Development Agency (Gesellschaft für Internationale Zusammenarbeit)
GNC	General Nursing Council
GP	General practitioner
GSMA	Groupe Speciale Mobile Association
HANSHEP	Harnessing non-state actors for better health for the poor

HBA	Health Mini MBA
HBVP	Healthy baby voucher project
HCT	HIV counseling and testing
HHEF	HANSHEP Health Enterprise Fund
HID	Health information division
HIP	High impact practices
HIV	Human immunodeficiency virus
HS 20/20	Health Systems 20/20
HRH	Human resources for health
HTH	High Test Hypochlorite
IEC	Information and education communication
IFC/HiA	International Finance Corporation's Health in Africa Initiative
IHEA	International Health and Economics Association
IMAP	Integrated Midwives Association of the Philippines
inSTEDD	Innovative Support to Emergencies, Diseases, and Disasters
IPAC	Infection Prevention and Control
IPS	Paraguayan Social Security Institute (Instituto de Previsión Social)
IR	Immediate Result
IRB	Institutional Review Board
IUD	Intrauterine device
JAFPP	Jordan Association of Family Planning and Protection
K4H	Knowledge for Health
KHPT	Karnataka Promotion Trust
LA/PM	Long-acting and Permanent Method of Contraception
LAM	Long-acting Method
LARC	Long-acting and Reversible Method
LCS	Licensed Chemical Seller
M4RH	Mobile for Reproductive Health
MAMA	Mobile Alliance for Maternal Action
M&E	Monitoring and Evaluation
MBA	Master of Business Administration
MBCA	Malawi Business Coalition for AIDS
MBPH	Market Based Partnerships for Health
MC	Male Circumcision
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MCMO	Marketing and Community Mobilization Officer
MDA	Market Development Approaches
MSMPHCC	Mister Sister Mobile Primary Health Care Clinics
MOH	Ministry of Health
MoHSS	Ministry of Health and Social Services
MOHSW	Ministry of Health and Social Welfare
MOU	Memorandum of understanding
MSI	Marie Stopes International
MSU	Marie Stopes Uganda
N4A	Network for Africa
NAMAF	Namibian Association of Medical Aid Funds
NGO	Nongovernmental Organization
NHIA	National Health Insurance Authority

NHIS	National Health Insurance Scheme
NSV	Non-surgical Vasectomy
NWD	Network Doctor
Ob/Gyn	Obstetrician/Gynecologist
ODC	Office of Development Credit
OECS	Organization of Eastern Caribbean States
OGAC	Office of the U.S. Global AIDS Coordinator
OGSB	Obstetrician and Gynecologist Society of Bangladesh
OHA	Office of HIV/AIDS
ORT/ORS	Oral Rehydration Therapy/Oral Rehydration Salts
PATH	Program for Appropriate Technology in Health
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV/AIDS
PMP	Performance Monitoring Plan
PMTCT	Preventing Mother to Child Transmission
PMTI	Private Medical Training Institutions
PNC	Postnatal Care
POP	Progestrone-Only Pills
PPE	Product Promotion Executives
PPFP	Postpartum Family Planning
PPMV	Proprietary Patent Medicine Vendor
PPP	Public-Private Partnerships
PPP-HK	PPP-Health Kenya (policy dialogue forum)
PPP-TWG	PPP Technical Working Group
PRINMAT	Private Nurses and Midwives Association of Tanzania
PRISM 2	Private Sector Mobilization of Family Health Phase 2
PROMESO	Social Marketing Company in Bolivia
PSA	Private Sector Assessment
PSEMAS	Public Service Employees Medical Aid Scheme
PSI	Population Services International
PSP- <i>One</i>	Private Sector Partnerships- <i>One</i> project
PSU	Pharmaceutical Society of Uganda
PSWG	Private Sector Working Group
QA	Quality Assurance
QI	Quality Improvement
RATN	Regional AIDS Training Network
RFA	Request for Applications
RFP	Request for Proposal
RCT	Randomized Control Trial
RHSC	Reproductive Health Supplies Coalition
RNTCP	Revised National Tuberculosis Control Program
RTC-HS	Right to Care Health Services
SES	Socioeconomic Status
SHOPS	Strengthening Health Outcomes through the Private Sector
SLA	Service-Level Agreement
SMC	Social Marketing Company
SMS	Short Message Service
SOTA	State-of-the-Art
SPARHCS	Strategic Pathway to Achieving Reproductive Health Contraceptive Security

SPS FP/RH	Strengthening Private Sector Family Planning/Reproductive Health
TA	Technical assistance
TB	Tuberculosis
TL	Tubal ligation
TMA	Total marketing approaches
TOT	Training of trainers program
UBA	United Bank for Africa
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency
USAID	U.S. Agency for International Development
USAID/W	USAID/Washington, D.C.
USG	United States Government
VCBD	Voucher community-based distributors
vCHC	Virtual Caribbean Health Connection
VHC	Village Health Champion
VSP	Voucher Service Providers
WG	Working group
WHO	World Health Organization
ZANACO	Zambia National Commercial Bank

I. Introduction

Overview of the SHOPS Project

The Strengthening Health Outcomes through the Private Sector (SHOPS) project is a five-year (2009-2014) Leader with Associates cooperative agreement, funded by the United States Agency for International Development (USAID), with a mandate to increase the role of the private sector in the sustainable provision and use of quality family planning/reproductive health (FP/RH), human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), maternal and child health (MCH), and other health information, products, and services.

The SHOPS project builds upon decades of USAID support and leadership in private health sector programming, with an emphasis on exploring and advancing private sector innovations. The SHOPS Leader serves as USAID's primary vehicle to support core-funded FP/RH health activities in the private sector. It also serves as a mechanism to program field support for USAID missions that do not issue their own Associate Awards under the SHOPS Leader.

Over the life of the project, SHOPS will promote a stronger and expanded role for the private sector in delivering FP/RH, HIV/AIDS, and other health information, products and services by establishing partnering relationships with key global agencies and organizations, advancing knowledge through innovative uses of research, and focusing on identifying, adapting, and scaling up new and innovative models and technologies to engage with the private sector.

To promote greater private sector involvement in improving FP/RH, HIV/AIDS and other health information, products and services, SHOPS will focus on:

- Conducting private sector assessments (PSA)
- Facilitating PPPs
- Brokering pharmaceutical partnerships and implementing social marketing programs
- Developing and strengthening private provider networks and franchises
- Improving the quality of health care in the private sector
- Fostering behavior change among providers and consumers
- Strengthening the sustainability of nongovernmental organizations (NGOs)
- Improving provider access to finance
- Promoting improved policy and regulatory environments
- Conducting research and evaluation
- Improving access to services among the poor through a variety of financing options

The SHOPS Results Framework provides overarching guidance for both core and field funds and sets the ultimate objectives for all project activities in this work plan.

SHOPS Results Framework

Project Objective: Increase the role of the private sector in the sustainable provision and use of quality FP/RH, HIV/AIDS, and other health information, products, and services

Result 1: Strengthened global support for state-of-the-art (SOTA) private sector FP/RH and other health models, approaches, and tools

Result 2: Knowledge and understanding of private sector provision of FP/RH and other health information, products, and services advanced

Result 3: Key private health sector systems strengthened and innovative, effective, and sustainable private sector FP/RH and other health programs initiated, implemented, and scaled up

During Year Four SHOPS received core funding from the Office of Population; the Office of HIV/AIDS (OHA); and the Office of Health, Infectious Disease and Nutrition. In addition, the SHOPS project implemented programs using field support funding in 20 countries. These included Bangladesh, Benin, Bolivia, six countries in the Caribbean, Ethiopia, India, Ivory Coast, Jordan, Kenya, Malawi, Namibia, Nigeria, Paraguay, Uganda, and Zambia. The SHOPS project is also implementing two Associate Awards (Nigeria and Jordan). Highlights of the July 1, 2012 to June 30, 2013 period are described below, organized by results in the Results Framework. Appendix A provides a summary subawards obligated, Appendix B travel during the period, Appendix C a report out on the Environmental Mitigation and Monitoring Plans and Appendix D provides results for the year against the project level Performance Monitoring Plan (PMP).

During Year Four of the SHOPS Project a wide range of results were achieved spanning across the three immediate results (IRs) and across funding streams (FP/RH, HIV/AIDS, MCH). Key results are highlighted below.

Result 1: Strengthened global support for SOTA private sector FP/RH and other health models, approaches, and tools

Private Sector Working Group Annual Meeting: Private Sector Leads in Family Planning Strategies

In July 2012, more than 70 development practitioners gathered to hear perspectives on the private health sector in developing countries. A major theme of the day-long meeting was the strong private sector experience of family planning (FP) program implementers. Participants discussed the possibility of applying the successful strategies to other health areas—HIV/AIDS and MCH.

SHOPS Plays a Leadership Role in Private Sector Pre-Day at International Health Economics Association World Congress

SHOPS project senior staff served on the private sector pre-day Scientific Advisory Committee, helping to shape and guide the development of Private Sector Health Symposium in Sydney, Australia. The one day symposium on the performance of health markets in low and middle income countries took place ahead of the 9th World Congress of the International Health Economics Association, scheduled for July 7–9, 2013 in Sydney. SHOPS staff gave five oral presentations and one poster presentation as well as two webinars leading up to the meeting.

Showcasing Private Sector and Family Planning Expertise at Women Deliver 2013

SHOPS project members met with government representatives, major donors, and other leaders in women's health to discuss the role of the private health sector in improving the health of women and girls at Women Deliver 2013. More than 4,500 development practitioners representing over 2,200 organizations and 149 countries attended the event, held May 28–30 in Kuala Lumpur, Malaysia.

SHOPS staff presentations added a private sector perspective to many panels and presentations. Dr. A.S.A. Masud, SHOPS country representative in Bangladesh, spoke on a contraceptive services panel about postpartum family planning services, while Susan Mitchell spoke on a health systems strengthening panel. Dawn Crosby, SHOPS NGO sustainability advisor, led a technical demonstration on the ProCapacity Index,TM a tool that the project developed to measure the sustainability of FP/RH organizations.

SHOPS also hosted an interactive session on contracting out family planning services, which included a lively debate with attendees on the pros and cons of contracting. One of the attendees, a woman who worked at the municipal level for the city of Mumbai, came into the session with a critical attitude toward contracting out. As she departed, she informed the SHOPS presenters, "I now truly understand what contracting out means and why it is important."

East African Health Innovators Make Connections at the SHOPS Health Enterprise Fund Expo

On June 22, 2013, a group of one hundred health innovators, investors, and donors gathered in Nairobi for the Health Enterprise Fund expo to share knowledge and network. The

Expo was a prime opportunity for the select group of health entrepreneurs from Kenya and Ethiopia whose applications had been shortlisted as part of the fund's grant application process to make connections with other like-minded innovators and investors. For many attendees the day was a testament to the promise and potential of private sector solutions to improving health outcomes for the poor. As Dr. Bola Tafawa of the Equity Group Foundation stated, "It is great to meet other people that are kept up at night by the same problems: how to reach the base of the pyramid (BOP), achieve scale, and attain quality health services."

New Public-Private Task Force Tackles Health Priorities in Antigua

Forty leaders of the public and private health sectors in Antigua and Barbuda launched a public-private health sector task force in November. The SHOPS project convened the meeting, which the country's chief medical officer chaired. The health secretary, presidents of health provider associations, representatives of Mount St. John's Medical Center and the Medical Benefits Scheme, numerous nongovernmental organizations, and managers of private health businesses attended the launch. In explaining the impetus for the new task force, Dr. Rhonda Sealey Thomas, chief medical officer in Antigua and Barbuda, remarked, "Health systems cannot operate without the help of private sector organizations, associations, nongovernmental organizations, and civil society. A holistic and comprehensive approach is needed to respond to disease management."

Result 2: Knowledge and understanding of private sector provision of FP/RH and other health information, products and services advanced

SHOPS advances knowledge on the role of the private health sector

Through a variety of channels SHOPS has increased access to knowledge and information on the role of the private health sector. During the period the SHOPS team made 48 presentations and published and disseminated 16 reports. Finally, SHOPS regularly updated the context of the SHOPS website which is now viewed by over 16,000 unique visitors.

Private Provider KAP Study Focusing on LA/PMs in Bangladesh Helps Guide Program Implementation

SHOPS completed a Provider Knowledge, Attitudes and Practices Study focused on long-acting and permanent methods of contraception in the Private Sector in Bangladesh. The study, conducted among 155 obstetrician/gynecologists (ob/gyns), 80 general practitioners (GPs) and 150 nurses found that knowledge of side effects is lacking among private providers, particularly related to male and female sterilization and implants. In addition a substantial proportion of ob/gyns who were never trained in long-acting and permanent methods (LA/PMs) felt competent to provide those services. Many of those with no training are providing these services. Biases among private providers may also be a barrier to effective client-centered FP counseling. Reasons for refusing to provide LA/PMs varied by method. Reasons, ranged from client ineligibility, to poor supply, and lack of training. As a result SHOPS is focusing its efforts on improving training and education of private providers and increasing their access to product supply.

Census Studies Help Define Size and Scope of Private Health Sector

To help USAID missions, country governments, and other key stakeholders understand the role that the private health sector plays, SHOPS conducted census studies of the private health sector in the Caribbean, Malawi and Nigeria.

SHOPS conducted a private provider census in Nigeria project's six states. Through the census a comprehensive database of private doctors, nurse-midwives, and community pharmacists, including the names of providers, locations (including addresses and geographic positioning system coordinates), size, and type of services offered has been created. By quantifying the number of clinic-based private providers in each state, as well as providing an overview of their key FP/RH and MCH service statistics, the project can better advocate for the inclusion of the private health sector in state and national health policy decisions as well as better target the resources and activities of the project.

In Malawi, the SHOPS led census found that many private health facilities, particularly pharmacies, are underrepresented in rural areas, where most Malawians live. There are also regional and district variations in the distribution of private facilities, with most located in the South region and very few in the North region.

In Antigua and Barbuda, SHOPS helped organize a public-private task force to address health priorities in the country after collecting data from private health entities. SHOPS collected names, addresses, services provided, hours of operation, staff sizes, and types of equipment. This database will serve as a private health sector registry for the country and illustrate the capacity of the private health sector.

In Dominica, SHOPS gathered information on the location and hours of operation for private providers, as well as the availability of services, staff, specialty care, and equipment, with a special focus on HIV/AIDS-related care. The findings were consolidated into a database to be made available to the Ministry of Health (MOH) and health professional associations.

Two SHOPS Private Health Sector Assessments lead to new field programs

SHOPS initiated two new programs focused on strengthening the role of the private sector in the HIV and AIDS response in Tanzania and Botswana. Both programs were informed by private health sector assessments carried out by SHOPS where the size, scope and scale of the private health sector were analyzed and recommendations made on how best to engage them to increase access and use of the private sector.

Result 3: Key private health sector systems strengthened and innovative, effective, and sustainable private sector FP/RH and other health programs initiated, implemented, and scaled up

Marketing Partnerships Increases Sales of Zinc for Pediatric Diarrhea Treatment

From July 2012 through June 2013, a total of 1.9 million zinc treatments were sold through SHOPS diarrhea management programs in Ghana, Nigeria and India, implemented in partnership with local manufacturers of Zinc.

Family Planning Outreach Program in Jordan Expands to Reach over 150,000 Women

Jordan more than doubled the number of outreach visits from the previous year with 153,023 women receiving family planning and reproductive health counseling through community outreach activities.

Thirty Six NGOs Across 10 Countries Receive Capacity Building Assistance

SHOPS worked to build the capacity of 36 health NGOS across 10 countries. That support ranged from strategic planning, governance, operational efficiency, service pricing, contracting, HR management, donor/client relations and marketing to improving their ability to provide training and technical assistance to their member which is particularly important for provider associations.

SHOPS supported Maternal Health Vouchers in Uganda in High Demand

To overcome financial barriers to facility deliveries, the SHOPS project is implementing a maternal voucher program with partner Marie Stopes Uganda. During the reporting period 10,888 maternal health vouchers were sold. Women utilized the vouchers for:

- 9,848 first time ANC visits
- 7,632 babies delivered
- 4,149 PNC visits

Nigeria Scales Improvement of FP Skills among Private Providers

SHOPS continues to scale-up its training of independent private providers in FP skills. Over the period 318 private providers attended a two-day FP balanced counseling strategy (BCS) training, this course is intended to give providers basic knowledge of all methods of FP and how to counsel women and men on the selection of an FP method.

In addition 428 providers attended contraceptive technology update (CTU) trainings. The overall goal of the training is to provide participants with an update on the knowledge necessary to provide quality intrauterine device (IUD) and implant counseling and services.

A four-day long-acting method (LAM) clinical skills training is offered as a follow-on to the CTU training, and in this reporting period 349 private providers attended this training. This course builds the clinical skills of private providers in LARC services.

Finally 1159 private facility staff (841 clinical staff; 318 non-clinical staff) participated in an in-facility infection prevention and control (IPAC) training sessions over the reporting period. IPAC training has the goal of increasing the quality of FP services in the private sector by improving hygiene and safety practices and procedures for all health facility staff members, from cleaners to doctors.

II. Population Core

Overview

The goal of the SHOPS FP program is to increase the role of the private sector in the provision of quality FP products and services. This includes working with a diverse range of for-profit and nonprofit entities. The SHOPS approach is to examine the role of the private sector within the broader health sector, mapping out the actors that influence FP outcomes. By examining public and private sector roles and motivations, analyzing policies and regulations, and paying close attention to the economic, political and cultural context, the SHOPS team identifies where and how the private sector can best contribute. The SHOPS team implements a variety of strategies to expand and strengthen the role of the private sector in FP. The aim is to strike a balance between the achievement of short-term impact and the need to build capacity that will sustain these gains beyond donor funding.

SHOPS builds on the foundation established by the predecessor project Private Sector Partnerships-*One* (PSP-*One*) in mainstreaming global support for private sector FP initiatives. SHOPS continues to shape the global dialogue on private sector approaches while at the same time intensifying our mainstreaming approach at the local level among host country governments and other local stakeholders to build local private sector champions that will ensure stronger private sector integration into health sector planning and implementation.

SHOPS continues to add to the evidence base on what works in delivering FP services with an emphasis on innovation and long standing challenges such as delivering long acting permanent methods through the private sector. SHOPS is also undertaking a number of activities to bring about the next generation of private health sector innovations. This includes establishing a Challenge Fund, testing mHealth solutions and establishing new partnerships for increasing access to finance for FP private health providers.

Result 1: Strengthened global support for SOTA private sector FP/RH approaches, products, and services

Overview

In Year Four, SHOPS played a technical leadership role within the global community through partnerships with other donors working with the private health sector, sponsoring and participating in key global conferences and by hosting quarterly meetings of the Private Sector Working Group (PSWG). SHOPS also continues to build private health sector capacity to interact and engage with the public sector through its Network for Africa (N4A).

Sub-Result 1.1 Global partnerships established

Objectives

SHOPS will raise the visibility of the private sector's role and advance the global health community's understanding of how to engage the private sector.

Summary of key activities and outputs for Sub-Result 1.1

Activity 1.1.1 Carry out high-level global private sector events with international partners

In collaboration with other donors, SHOPS will carry out two high-level global events and prepare for the Year Five International Family Conference. Activities will include:

- Sponsorship and participation in the Women Deliver Conference, Kuala Lumpur, Malaysia, May 2013
- Sponsorship and participation in the International Health Economics Association (IHEA) Private Sector Health Pre-Day, Sydney Australia, Jun/July 2013
- Preparation of abstracts and panels for the upcoming International FP Conference

Anticipated Year Four outputs

- Two high-level mainstreaming events implemented to raise awareness on private sector contributions in the health field held. A wide range of abstracts submitted to the FP conference.

Accomplishments during this reporting period

Women Deliver Conference

To continue to raise the visibility of the vital role of the private sector in FP, SHOPS actively participated in the Women Deliver Conference held May 28-30, 2013 in Kuala Lumpur, Malaysia. SHOPS participated on two panels, with one presentation on a life cycle panel highlighting SHOPS work on partnering with the private sector for provision of postpartum long-acting and permanent methods of contraception (LA/PMs) in Bangladesh and the other focusing on the private sector as a key partner within health systems. SHOPS was also a sponsor of the conference, which came with additional profile-raising benefits, including two exhibition booths, one of which highlighted SHOPS work and publications and the other which showcased the NGO Sustainability tool, the ProCapacity Index. Finally, SHOPS hosted an evening session on contracting out for FP NGOs with representatives from both

Abt and MSI (headquarters and Bangladesh country office). Approximately 25 people attended the evening session.

International Health Economics Private Sector Pre-Day

SHOPS was a key partner in the planning of the IHEA Private Sector Pre-Day. SHOPS was represented on the Steering Committee through the SHOPS Project Director, Susan Mitchell and Research Director, Minki Chatterji. During the period SHOPS worked with other committee members to shape and finalize the agenda and call for abstracts. SHOPS submitted 10 abstracts to the conference which will be held in Australia in early July 2013. Six of the abstracts were accepted for presentation and presented. These papers spanned diverse topics such as promising approaches to change private provider behavior (evidence-based medicine (EBM) targeting doctors in Jordan and short message service (SMS) targeted licensed chemical sellers in Ghana), intrinsic motivation of health workers in Malawi, approaches to conducting private provider censuses in several developing countries, costing of antiretroviral drugs (ARVs) in Namibia, and a commercial sector approach (network of clinics in Kenya) to target the needs of the BOP. Two SHOPS staff members (Minki Chatterji and Doug Johnson attended with Population Core funds, HIV/AIDS core also funded one presenter).

International Family Planning Conference

SHOPS submitted 11 individual abstracts and one panel to the conference organizers. Of these, the panel was accepted, 5 individual abstracts were accepted as oral presentations (including two from Jordan and one from India), and two individual abstracts were accepted as poster presentations. Additionally, SHOPS mHealth work will be focused on an outside organized panel. SHOPS is also looking to host a side event similar to the one at the Women Deliver conference that will highlight lessons learned in utilizing a Total Market Approach for FP programs.

Activity 1.1.2 Expand the role and function of the Private Sector Working Group

The PSWG continues to grow its membership and consolidate its role as a mechanism to foster dialogue and the exchange of best practices in working with the private health sector. In Year Three, SHOPS held three quarterly meetings and one day-long annual meeting. During Year Four, SHOPS will continue to perform its technical leadership and secretariat function, which will include (1) convening three quarterly meetings and one all-day meeting; (2) identifying technical speakers for the meetings; (3) updating the PSWG site with member information (e.g., events, news stories, technical resources); and (4) ensuring frequent and regular communications between the members. This activity is co-funded with HIV core.

Anticipated Year Four outputs

- Three quarterly meetings and one all-day meeting held.
- Maintenance of PSWG virtual meeting space on the SHOPS website.

Accomplishments during this reporting period

In Year Four, SHOPS continues to perform its technical leadership and secretariat function. SHOPS convened three quarterly meetings in Washington, D.C. to increase member networking opportunities and generate discussion on leading issues in the private health sector. Each meeting averaged around 15 PSWG members with representatives from USAID, Gates Foundation, Clinton Health Access Initiative (CHAI), and the Office of the U.S. Global AIDS Coordinator (OGAC).

In July 2012 the PSWG held their annual all day meeting bringing together more than 70 development practitioners gathered to hear perspectives on the private health sector in developing countries. A major theme of the day-long meeting was the strong private sector experience of family planning (FP) program implementers. Participants discussed the possibility of applying the successful strategies to other health areas—HIV/AIDS and MCH

The first quarterly meeting of the PSWG was held in October 2012. John Townsend, Vice Principle and Director of the Population Council's Reproductive Health Program, led a discussion on vouchers. The presentation focused on an evaluation performed in collaboration with the Bill & Melinda Gates Foundation. The impact evaluation looks into the efficacy of using vouchers to improve access to quality reproductive health services for poor women. Although the preliminary findings are promising, it appears that there is still insufficient evidence to recommend vouchers as an effective strategy to increase use of essential health services such as FP and maternal health.

The second quarterly meeting of the PSWG was held in February 2013. The PSWG hosted a financial protection panel featuring presentations delivered at the Second Global Symposium on Health Systems Research in Beijing, held in November 2012. The panel featured three presenters and covered micro-insurance, health savings accounts, and vouchers. Charlotte Warren of the Population Council presented on a reproductive health voucher program in Kenya funded by the German Development Bank. Charlotte's presentation covered the effect the vouchers had on reducing out-of-pocket payments from clients for reproductive health services. Even though the research team found that vouchers had a generally the PNC component was underutilized and generally misunderstood by both providers and clients. The second speaker, Thierry van Bastelaer of Abt Associates, presented on the preliminary findings of an evaluation of a pre-paid maternity savings card trial at Pumwani Hospital in Kenya from 2010 to 2011. An evaluation of the program showed that the overall concept of the card was well-accepted, although the card itself was not user-friendly. The last speaker on the panel, Alison Comfort of Abt Associates, presented a proposal to carry out health finance diaries, which aims to inform the development of health finance tools for the poor by gaining a clearer understanding as to how they finance their health costs.

The last quarterly meeting of the PSWG was held in May 2013 and featured speaker Charlotte Dolenz of CHAI. Dolenz presented on delivering artemisinin-based combination therapies to the last mile and the findings from the Affordable Medicines Facility for Malaria launched in 2010. Though the topic did not address FP directly, the private sector approach used in this project did mirror some of the experiences in the FP community. Participants agreed to hold a future meeting to share their experiences ensuring quality services while supplying drugs and other medical commodities.

Activity 1.1.3 Establish global partnerships in mhealth

To support field implementation and raise visibility of SHOPS' technical leadership, SHOPS will build on its mhealth innovations and knowledge advancement activities in years 1-3 to network and collaborate with other groups active in mHealth. Potential organizations include the mHealth Alliance, mHealth Working Group, Groupe Speciale Mobile Association (GSMA), and WHO. Partnership opportunities will be expanded with technology innovators such as FrontlineSMS, Text to Change, Dimagi, Innovative Support to Emergencies, Diseases, and Distasters (inSTEDD) and Datadyne.

Anticipated Year Four outputs

- Attend mHealth working group meetings and conference to highlight SHOPS work in the this field
- Identification of and preparation for publication of mhealth article in peer-reviewed journal
- Publication of mhealth blogs on SHOPS and other websites

Accomplished during this reporting period:

During Year Four, SHOPS continued to provide technical leadership in mhealth through the following activities.

Co-facilitation of two mHealth Working Group “deep dive” sessions: The first workshop was held in December, 2012 and covered the “how to” for mhealth implementation, including planning, budgeting, designing, deploying, evaluating and sustaining mhealth interventions. The second was held in April, 2013 and addressed best practices for content development for consumer services. Both half-day events were attended by more than 75 participants, with SHOPS playing a leading role in the agenda and presentations.

Participation in online forums

- For the faculty of the Geneva Foundation for Medical Education & Research, SHOPS presented a session April 15, 2013 for its online training course Mobile Phones for Sexual and Reproductive Health entitled Financing mHealth for the Long-term
- SHOPS posted and led discussions on Corporate Advertising as a Revenue Stream to Sustain mHealth Services in online forum on mHealth Scale & Sustainability March 18-22, 2013.
- Blogs were posted to promote the SHOPS primer on mEnabled Inclusive Business Models in the GSMA and mHealth Alliance websites.

USAID High Impact Practices meeting

SHOPS was invited as mhealth expert to participate in 2-day HIP meeting June 2013 to develop mhealth evidence briefs as well as guidance on emerging high impact practices (HIPs) including Public-Private Partnerships (PPPs).

mHealth publication

Completed first draft of an mHealth implementation article on the lessons learned from the SMS research study with licensed chemical sellers in Ghana.

Expert review and input

SHOPS was consulted for input on numerous industry publications, events, and forums including Mobile Alliance for Maternal Action (MAMA) report on business models, mHealth Alliance Evidence Working Group, and Africa Bureau private sector mhealth partnerships meeting.

Activity 1.1.4 Establish Partnership with Private Sector in Health Donor Consortium

SHOPS will support USAID’s partnership with the consortium of donors HANSHEP by supporting the payment of USAID’s annual dues.

Anticipated Year Four outputs

- Pay USAID's annual membership for 2012

Accomplished during this reporting period

In coordination with HANSHEP USAID's annual dues for 2012 were paid.

Sub-Result 1.2: Policy dialogue enhanced between public and private sectors

Objectives

Fostering a supportive policy environment through active dialogue and partnerships with the public sector is critical to strengthening support for working with the private sector. Through the N4A SHOPS will build the public sector's capacity to engage and dialogue with the private health sector over the life of project.

Activity 1.2.1 Transfer Network for Africa to an African Institution

N4A is an innovative approach to network and exchange information among African government officials and the private health sector. In the last four years, the N4A membership has grown to over 650 members (155 new members in Year Four) from 30 African countries. Typical N4A activities include: monthly e-newsletters, resource center, and calendar of events, on-line chats and one regional technical exchange. This activity is co-funded with HIV core.

Anticipated Year Four outputs

- African institution identified and assessment conducted.
- Capacity transfer plan developed for transition to identified institution.
- N4A web-based activities (two-three online chats, updated content) implemented.
- At least 1 capacity building workshop held.

Accomplishments during this reporting period

In Year Three, the N4A team identified an African organization – the Regional AIDS Training Network (RATN) – to assume leadership and implementation of the N4A community of practice. This year, N4A activities have focused on three key areas:

- Building RATN's capacity to lead N4A
- Transferring knowledge, experience, and skills to RATN
- Sustaining and growing the community of practice.

In Year Four, SHOPS provided a grant to RATN -- a regional network of training organizations in over 11 African countries. The grant's goal is to assist RATN build the personnel and infrastructural capacity needed to begin implementation of N4A activities. RATN is co-funding these activities with its own resources. SHOPS negotiated the terms of reference for the grant, finalized the budget, assessed RATN's capacity, and developed a plan to transfer skills and activities over a two year period. In October 2012, SHOPS and RATN officially announced the new partnerships to their respective networks. Starting in the same month, SHOPS and RATN teams began working closely together through weekly calls and regular communication to draft and format new N4A offline communications material, monthly e-newsletters (total of 9 bi-lingual e-newsletters produced and total of 210 new subscribers), upload content to the public website, review the online community of

practice structure and content, prepare and conduct a N4A members' survey, and organize two online conferences, one -- albeit technically unsuccessful -- online chat and a very successful webinar on Delivering Affordable Maternal Health Services to the Poor through the private sector that attracted 63 participants from 20 countries

In the process of absorbing N4A activities, RATN decided to invest in PPPs as one of its organization wide strategic pillars. SHOPS helped draft job descriptions for two private sector specialists at RATN. One of them, a seasoned professional, has already been hired. SHOPS participated in the selection and interview of the candidate.

During the reporting period, SHOPS worked with RATN to organize a series of brown bag sessions to educate RATN staff on a variety of private sector topics. SHOPS and RATN teams also identified a N4A technical exchange to be conducted jointly. N4A "piggy-backed" on RATN's bi-annual summit on medical training of health professionals that was held in South Africa in March 2013. The summit included various sessions and training modules on the growing role of private medical institutions in Africa. This activity was funded by HIV/AIDS core (additional details are in the HIV Core section). 100 new members signed up to join the N4A community of practice during the summit. RATN also represented N4A at two conferences in February 2013: the African Christian Health Association Platform conference that was held in Zambia and the East Africa Healthcare Federation conference that was held in Tanzania. New members were recruited at both conferences.

In April 2013, RATN, in collaboration of SHOPS, launched a community wide survey to establish awareness levels of the existence of the network, to find out what motivates people to join and remain active on the online community of practice, and determine what the members would want to see within the network more often. The N4A teams at SHOPS and RATN have developed an action to respond to survey results. These results will continue to feed into the Year Five N4A work plan whose emphasis is a complete shift of all responsibilities and ownership of the N4A leadership to RATN.

Result 2: Knowledge about and Understanding of Private Sector Provision of FP/RH and Other Health Information, Products, and Services Advanced

Overview

A strong evidence base is critical for successfully advocating an increased private sector role in health and designing effective programs. Activities under this result will generate, analyze, and disseminate essential information related to strengthening the support, programming, and commitment to the private health sector.

In Year Four, SHOPS will continue to research and document programs that seek to increase knowledge and understanding of the role of the private sector in FP provision and disseminate those findings through a variety of avenues including presentations, publications and the website. The website in particular will serve as a hub for communications and knowledge management and has up-to-date information on SHOPS field activities and technical assistance (TA) in its various technical and health areas.

Sub-Result 2.1: Programmatic and operations research conducted and the findings widely disseminated

Objectives

SHOPS will initiate high-quality research related to the role of the private sector in improving FP/RH and other health outcomes, and the effectiveness of various private sector interventions.

Summary of key activities and outputs for Sub-Result 2.1

Activity 2.1.1 Willingness-to-pay study to improve financial access to LARCs in Malawi

During Year Four, SHOPS will determine the feasibility of conducting a willingness to pay study for long-acting and reversible contraceptive (LARC) methods in Malawi in partnership with MSI with the aim of partnering with at least one local insurance company and one local financial institution to extend financial access to LARC to mid- to low-income women.

Anticipated Year Four outputs

- Study designed.
- Outreach to local insurance and financial firms.

Accomplishments during this reporting period

In November-December 2012, SHOPS staff expanded the data analysis conducted during Year Three and completed the analysis of Demographic and Health Survey (DHS) data analyzing the association between wealth and LA/PM use. The brief is expected to be completed and disseminated by June 2013.

In addition, the design of the LARC program and study in Malawi was initiated. However, due to reduced interest of the insurance company in Malawi in covering FP methods, as well as the introduction of low-priced alternative implant, which has brought down prices substantially, Banja la Mtsogolo (BLM) no longer requires the study. SHOPS determined that the willingness to pay study in Malawi should not go forward. The remaining funds were therefore reprogrammed.

Activity 2.1.2 Research Study on impact of Mobile for Reproductive Health on consumer behavior

During Year Four SHOPS will launch a rigorous evaluation on the impact of mobile for reproductive health (m4RH), an mhealth interventions in Kenya, on consumer behavior to help strengthen global knowledge on the use of mobile technologies for health. m4RH is a free consumer service offering text message information on nine methods of FP. The study will address the following research question: what is the impact of accessing m4RH service on knowledge and use of modern contraceptive methods.

m4RH has been implemented by Family Health International (FHI360) through funding provided by USAID's PROGRESS project, which will end its m4RH funding as of March 1, 2013. SHOPS will provide funds to maintain the m4RH platform for the duration of the evaluation study which includes covering the text message costs of m4RH users, coordinating local partner promotion, and managing the technology partner. The randomized controlled trial will be launched in Year Four and will be finalized during Year Five (with additional funding required).

Year Four sub-activities will include m4RH partner engagement and support, study design and Institutional Review Board (IRB) approvals, software programming to support random assignment of study participants and text message surveys, and promotional support to expand user base to reach required sample size. Year Five sub-activities will include continued recruitment of study participants, survey delivery and analysis, and reporting and dissemination.

Anticipated Year Four outputs

- Research study designed and initiated.

Accomplishments during this reporting period

SHOPS obtained Abt and local IRB approval for the research study. SHOPS also worked with the technology partner to define the functional requirements for the research study and oversaw the development and deployment of these backend features. FHI360 received a subaward to maintain its partnership engagement role for m4RH marketing, and several partners such as Population Services International (PSI), JHPIEGO, and MSI have initiated marketing campaigns such as radio ads to help raise awareness and use of m4RH through radio ads. These partner organizations are utilizing their network of providers and community health workers to increase uptake of the m4RH service so that a sufficient number of users can be recruited into the study. In Year Five, SHOPS will launch the pilot to test various methods to ensure high participation in the SMS survey that will be sent to all users, and full roll-out of the study is expected in early September .

Activity 2.1.3 Development of standard operating procedures for contracting out of family planning services

Building on the contracting out primer developed by SHOPS during Year Three, SHOPS will develop 2 deeper case studies of contracted out countries coupled with standard operating procedures for contracting. These will be developed into a manual to guide other NGOs interested in the "how to's" and more specific mechanics for contracting.

Anticipated Year Four outputs

- Standard Operating procedures manual for contracting of FP services developed

Accomplished during this reporting period

This activity has been postponed and will start in Year Five of the project.

Activity 2.1.4 DHS Analysis and Policy Paper on the Role of the Private Sector in Achieving Family Planning Goals

As the uptake of modern FP methods around the world has grown, the role of the private sector has evolved in response to the needs of users. Historically, the private sector's share and approaches have varied across regions of the world, yet types of methods it provides has been fairly consistent. Given ongoing discussion about contraceptive security, there is a clear and growing role for the private sector. This paper will provide a global and regional overview of the private sector's involvement in providing FP services, the methods it has provided, and underlying rationale for these trends.

Using aggregated data from DHS over the past 25 years this study will examine global and regional trends related to the private sector's contribution to contraceptive prevalence. First, we consider how modern contraception prevalence has changed over time, and how the private sector share has evolved over time. We then address how the public and private sectors contribution to method mix (resupply and permanent) are changing. Finally, we consider the experiences of two countries where the source mix has changed among the public, not-for-profit, and commercial sectors, and the factors that contributed to those changes.

Anticipated Year Four outputs

- Research study designed, implemented and paper disseminated

Accomplished during this reporting period

In the Year Four, we identified the list of countries with DHS surveys that have data on both FP methods and source of those methods over a multi-year period. In Year Five we will putting together that information in a way that will clearly identify the long term trends of the contribution of the private sector in the method mix and the source mix, by decades and by regions. This results will be presented at the International Conference of FP to be held in November in Ethiopia.

Activity 2.1.5 Conduct Process Evaluations of Key LA/PM Programs

Process evaluations use quantitative and qualitative methods to obtain data through sources such as surveys, focus groups, program records, etc. to better understand and document a programs process and results. SHOPS implemented programs focused on LA/PMS in both Paraguay (through the Paraguayan Social Security Institute (IPS)) and Bangladesh. Important lessons on provision of LA/PMs in the private sector can be learned through these two programs. As SHOPS Programs in Bangladesh and Paraguay come to end, SHOPS will conduct, with co-funding from field support, process evaluations to better document program processes and results.

Anticipated Year Four outputs

- Paper and research summary completed and disseminated.

Accomplished during this reporting period

Bangladesh

Due to civil unrest in Bangladesh the timeline of the process evaluation has been delayed. Design of the process evaluation is still being finalized.

Paraguay

During this time period, SHOPS received local IRB approval from IPS and finalized the sampling plan and the instruments in collaboration with IPS. Additionally, data collection for the evaluation was conducted in November and December 2012, including data from both SHOPS' trained and untrained providers in different hospitals and health centers across the country as well as beneficiaries from clinics with SHOPS interventions. In total 43 providers and 72 beneficiaries were interviewed.

This evaluation seeks to identify and document the program's successes and challenges. It is the hope that this evaluation will also serve as a tool for others working with similar hybrid institutions, seeking to increase and/or reassert their role in the FP marketplace. Data analysis began in early 2013 and the final report from the evaluation is expected this fall.

Sub-Result 2.2: Key topics related to the private health sector identified and global data compiled, analyzed and disseminated

Objectives

During Year Four, SHOPS will maintain the project's high visibility within the public health community and the commercial sector by continuing to participate in global events, implementing electronic dissemination activities including growing the website, completing and disseminating e-newsletters, and conducting an e-conference. In addition, the project will produce and disseminate technical reports of interest to the development community.

Summary of key activities and outputs for Sub-Result 2.2

Activity 2.2.1 Information dissemination through participation in global events

SHOPS will participate in select conferences, events, and consultative forums to promote the role of the private sector in health. At these events, as appropriate, the project will sponsor booths, disseminate appropriate materials, support staff presenters on key topics, and promote SHOPS objectives and the resources available to the communities.

Anticipated Year Four outputs

- Presentations at global conferences, meetings, and workshops delivered.
- Key resources and project materials disseminated.
- Input into the HIP briefs as requested.

Accomplishments during this reporting period

During this reporting period SHOPS staff made 48 presentations with 20 of those presentations focused on FP activities (highlighted in the table below). The presentations included the following:

Table 1: SHOPS Conference/Meeting Presentations

Location	Event	Date	Presenter	Title
International Meetings/Events				
Washington	International AIDS Conference	July 24, 2012	Sara Sulzbach	Quantifying the Role of Private Health Providers in HIV Testing: Analysis of Data from 18 Countries
Washington	International AIDS Conference	July 25, 2012	Sara Sulzbach	Leveraging the Private Health Sector in the Context of Diminishing Donor Resources (poster)
Washington	International AIDS Conference	July 25, 2012	Nelson Gitonga	Partnering with the Private Sector to Sustain National HIV Responses (panel moderator)
Washington	International AIDS Conference	July 26, 2012	Sara Sulzbach	Maximizing Private Sector Contributions to HIV/AIDS in Eastern Caribbean Countries (poster)
Bangkok	International Union for the Scientific Study of Population	August 23, 2012	Minki Chatterji	Community Health Workers and Community FP Interventions (discussant)
Washington	Webinar hosted by CORE Group and MCHIP	August 29, 2012	Vicki MacDonald	Promoting Zinc through the Private Sector in Ghana (webinar)
Beijing	HSR Symposium in Beijing	November 1, 2012	David Long	Study of Changamka's Maternity Savings Card: Primary Evaluation Results
Washington	mHealth Summit	December 3, 2012	Pamela Riley	Strengthening Private Sector Health Providers: mHealth Implications
Switzerland	Foundation for Medical Education and Research	March 4–April 22, 2013	Pamela Riley	Mobile Phones for Sexual and Reproductive Health (online training course)
Rwanda	HANSHEP Members Meeting	March 14, 2013	Minki Chatterji	Private Sector Health Research: Lessons Learned from the SHOPS experience
South Africa	RATN Capacity Summit	March 20, 2013	Ilana Ron	Understanding the Emerging Role of the Private Sector in Medical Education
South Africa	RATN Capacity Summit	March 20, 2013	Shoshana Hecker	Financial Challenges of Private Medical Training Institutes (PMTIs)
Webinar	The potential of market-based solutions for reaching the base of the economic pyramid	April 11, 2013	Colm Fay	Health Care Innovation at the BOP

Webinar	The potential of market-based solutions for reaching the base of the economic pyramid	April 11, 2013	Arunesh Singh	Reaching BOP Health Markets in India
Toronto	World Social Marketing Conference	April 21, 2013	Gael O'Sullivan	Our Health and Peace of Mind through Family Planning
Malaysia	Women Deliver 2013	May 28, 2013	Dawn Crosby	ProCapacity Index
Malaysia	Women Deliver 2013	May 28, 2013	Dr. A.S.A. Masud	Integrating post-partum family planning services in the private facilities of Bangladesh
Malaysia	Women Deliver 2013	May 28, 2013	Susan Mitchell	The Private Sector: A Key Partner in the Health System
London	ZincTank #2	June 4, 2013	Vicki MacDonald	Engaging the private sector to introduce and scale up zinc programs to prevent and treat diarrhea among children <5
National Meetings/Events				
Bangladesh	Country Program Launch Event	September 19, 2012	Stephen Rahaim	Assessment of Private Providers' Knowledge, Attitudes, and Practices Related LA/PMs in Bangladesh
Washington	Global Health Mini-University	September 14, 2012	Vicki MacDonald	Private Sector Partnerships in the Scale Up of Diarrhea Management
Washington	Global Health Mini-University	September 14, 2012	Gael O'Sullivan	"Manufacturer's Model" Partnerships to Promote FP
Washington	Global Health Mini-University	September 14, 2012	Pamela Riley	Follow the mMoney (panel moderator)
Tanzania	Donor Meeting*	November 7, 2012	Vicki MacDonald	Tanzania: Assessment of Community Services for Childhood Illness
Washington	Symposium Series at George Washington University	November 9, 2012	Jeff Barnes	Total Market Initiatives: A Systemic Approach
Nairobi	Provider-Insurer Meeting in Kenya	November 22, 2012	Mbogo Bunyi	SHOPS Kenya Health Financing Initiatives
Nairobi	Provider-Insurer Meeting in Kenya	November 22, 2012	Nelson Gitonga	Market Assessment of Prepaid Health Schemes: Summary of Findings
Nairobi	Provider-Insurer Meeting	November 22, 2012	Nelson Gitonga	Developing affordable and innovative health insurance products

Namibia	UNAIDS/PEPFAR World AIDS Day Forum	December 7, 2012	Dineo Dawn Pereko	Enhancing the Sustainability of Namibia's Response to HIV/AIDS through Smart Investment (panelist)
Tanzania	Technical Presentation at MCHIP	January 16, 2013	Vicki MacDonald	Assessment of Community Services for Childhood Illness
Nairobi	First National Conference on Health Leadership, Management and Governance	January 31, 2013	Mbogo Bunyi and Agnes Gatome-Munyua	Innovation in Health Care Financing : Demand Side Financing
Washington	PSWG Quarterly Meeting	February 6, 2013	Thierry Van Bastelaer	Study of Changamka's Maternity Savings Cards: Preliminary Evaluation Results
Washington	mHealth Working Group	February 12, 2013	Pamela Riley	Evaluation of the Mobile for Reproductive Health (m4RH) Project
New Orleans	Population Association of America Annual Meeting	April 12, 2013	Minki Chatterji	Can Mobile Phone Messages to Licensed Chemical Sellers Increase Prescription of ORS and Zinc? A Randomized Controlled Trial in Ghana
New Orleans	Population Association of America Annual Meeting	April 13, 2013	Marianne El-Khoury	How Evidence Based Medicine Affects Family Planning Providers: A Randomized Experiment in Jordan
Botswana	Stakeholders Meeting with members of the private health sector in Botswana	May 16, 2013	Thierry van Bastelaer, Tanvi Pandit, Ilana Ron	Botswana Private Health Sector Assessment

*Including representatives from USAID, CHAI, United Nations International Children's Emergency Fund (UNICEF), World Health Organization (WHO), and the Tanzania MOH

SHOPS made twelve presentations of its work at USAID.

Table 2: SHOPS USAID/Washington Technical Brown Bags

Date	Presenter(s)	Title of Presentation
July 19, 2012	Reed Ramlow	Ta'ziz Tanzim al Usra Project
October 4, 2012	Dr. A.S.A. Masud	Creating Markets for LAMs of FP
October 23, 2012	Thierry Van Bastelaer	Changamka Maternity Savings Card: Evaluation Results
February 21, 2013	Jorge Ugaz and Stephen Riley	Assessment of Private Providers' Knowledge, Attitudes, and Practices (KAP) related to LA/PM in Bangladesh

March 7, 2013	Thierry van Bastelaer and Ben Woodman	Changamka's Maternity Savings Card: Preliminary Evaluation Results
March 27, 2013	Vicki MacDonald	Tanzania: Assessment of Community Services for Childhood Illness
May 16, 2013	Doug Johnson	Quantifying the Role of Private for Profit Health Providers in HIV Testing: Analysis of Data from 18 Countries
May 30, 2013	Dineo Dawn Pereko	Increasing Access to Voluntary Medical Male Circumcision through the Private Sector in Namibia
June 3, 2013	Timothy Kachule	SHOPS Project Malawi: Improving Health through Comprehensive Public-Private Approach
June 3, 2013	Ramakrishnan Ganesan	Scaling-up Market-based Approaches in Health through SHOPS
June 10, 2013	Joseph Addo-Yobo	Introducing Zinc through the Private Sector in Ghana: SHOPS program highlights and future directions
June 10, 2013	Ayodelo Iroko	Gaining Ground in the Private Sector - Nigeria Experience

"Fantastic presentation on SHOPS LAPM last week at USAID – it was really informative and fascinating for those of us who work on family planning programming in Bangladesh/ South Asia. Thank you for your time and speaking with us."

Shegufta Shefa Sikder,
PhD, Technical Advisor for Research,
USAID Global Health/
Population and Reproductive Health/
Research, Technology, and Utilization

During the reporting period, SHOPS produced 16 publications (see Table 3), including briefs, reports, and two primers. It also introduced a new publication series titled Research Insights, which provides a summary of each of SHOPS's research studies.

Table 3: SHOPS Publications

Date	Type	Title
July 2012	Country Assessment Brief	Private Sector Engagement in HIV/AIDS and Health in the Eastern Caribbean
July 2012	Country Assessment Brief	Paraguay Private Health Sector Assessment
August 2012	Report	Performance Improvement Recognition: Private Providers of Reproductive Health Services in Peru
August 2012	Country Assessment Brief	Nigeria Private Sector Health Assessment
September 2012	Technical Paper	Total Market Initiatives for Reproductive Health
September 2012	Country Assessment Brief	Namibia Private Health Sector Assessment
October 2012	Country Assessment Brief	Paraguay Private Health Sector Assessment

October 2012	Country Assessment Brief	Nigeria Private Health Sector Assessment
December 2012	Research Brief	HIV Testing by Private Health Providers: Evidence from 18 Countries
February 2013	Country Assessment Brief	Tanzania Private Health Sector Assessment
February 2013	Research Brief	Private Provider Knowledge, Attitudes, and Practices Related to Long-Acting and Permanent Contraceptive Methods in Bangladesh
February 2013	Country Assessment Brief	Bangladesh Family Planning Private Health Sector Assessment
March 2013	Technical Paper (primer)	m-Enabled Inclusive Business Models: Applications for Health
March 2013	Country Program Profile	Madagascar Program Profile
April 2013	Technical Paper (primer)	Direct Sales Agent Models in Health
June 2013	Report	Commercial Prospects for Donor-Funded Namibian Nongovernmental Organizations

SHOPS also updated its brochure and produced the following fact sheets:

- Assessing the Sustainability of Health NGOs (an overview of the ProCapacity Index)
- Creating a More Vibrant Private Health Sector in Malawi
- Improving Maternal Health through Private Sector Vouchers in Uganda
- Improving Access to Health Care through the Private Sector in Kenya
- Improving Health through Market-Based Approaches in India
- Improving the Quality and Sustainability of Private Sector Family Planning and MCH Services in Nigeria
- Namibia: Engaging the Private Sector to Achieve Priority Health Goals

The SHOPS project director co-authored a HIP brief on social marketing, published in January 2013.

“I think this brief is a great reflection of the power and value of collaboration. The document articulates in clear and understandable language critical knowledge about programming social marketing for family planning. The brief draws on the experience and wisdom of a large number of individuals and programs. We will continue to learn and improve our social marketing programs and it is a wonderful advancement that we can come together to identify key points on what we know and where we go from here.”

Shawn Malarcher,
Senior Best Practices Utilization Advisor,
Office of Population and Reproductive Health

Activity 2.2.2 SHOPS Website

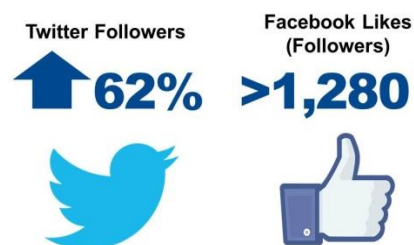
During Year Four, SHOPS continues to update and maintain content on the technical area web pages, in the resource center, and in the community spaces. New content on the site will meet the accessibility standards in Section 508 of the Rehabilitation Act. In addition, SHOPS tracks and analyzes website statistics and includes them in reports to USAID on a quarterly basis.

Anticipated Year Four outputs

- SHOPS website maintained.

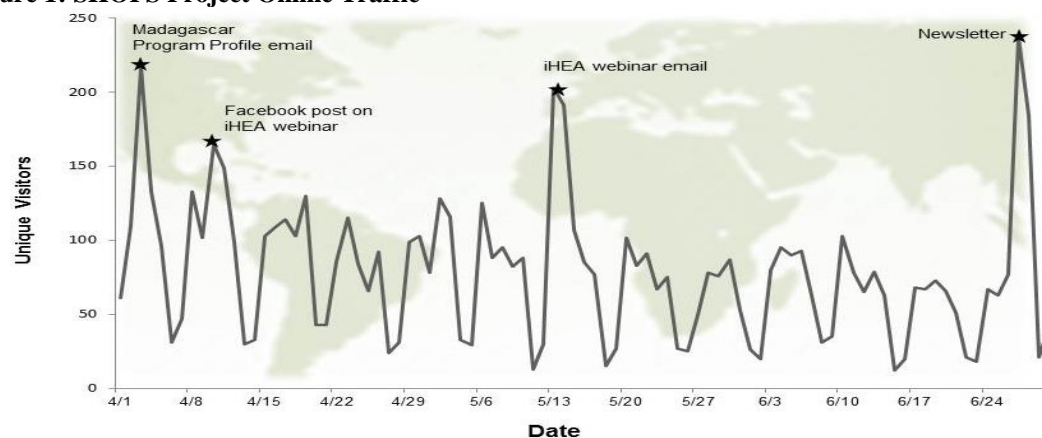
Accomplishments during this reporting period

The communications team updated the website each week totaling a 260 new content items during the reporting period (almost twice that of the previous reporting period). Included in the new content were pages dedicated to the project's activities in new countries: Ethiopia, India, and South Africa. Also included were resources focusing on the private sector. In this reporting period, 102 resources were added (more than double last year's total), of which 67 were generated by the SHOPS project. On average, 4,200 unique users visited the website per quarter, with most visits from the United States, Kenya, Nigeria, the U.K. and India. While the majority of traffic comes from the U.S., in the most recent quarter from April-June 2013, 9% of visitors came from Kenya, followed by Nigeria (4%) and the U.K. (4%) and India (3%).



The SHOPS website is a vehicle to disseminate publications. During the reporting period, visitors downloaded a SHOPS publication 5,874 times, a 170% increase from 2,160 downloads during the last reporting period.

Figure 1: SHOPS Project Online Traffic



Newsletter, email announcements, and tweets drive traffic to SHOPSProject.org

To help drive traffic to the website, the communications team used several social media tools (Facebook, Twitter, and LinkedIn). In the second quarter, Twitter referred more visitors to www.shopsproject.org than the newsletter. By the end of the reporting period the

SHOPS project had 1,282 likes on Facebook (up 9%) and 770 followers on Twitter (up 62% from the last reporting period).

SHOPS activities garnered media coverage in Bangladesh for the launch of the LA/PM campaign, the Caribbean for a stakeholder meeting on the private provider mapping, and in Africa for the challenge fund (USAID/Kenya website and AllAfrica.com). USAID featured the Healthy Baby voucher program (HBVP) in Uganda in its Impact Blog and SHOPS child health work in Ghana in the USAID Progress 2012 report to congress. Staff authored blog posts that appeared on Knowledge for Health (K4H), a premier telecommunications association website, Next Billion, and the Women Deliver conference website.

Activity 2.2.3 SHOPS e-newsletter

SHOPS will publish regular email updates that provide timely information on SHOPS activities, news, upcoming and recent events, publications, and online resources.

Anticipated Year Four outputs

- “Development Practitioner at Work,” a modern day field journal section continued.
- Video clips of technical experts produced and disseminated.
- Four e-newsletters disseminated.

Accomplishments during this reporting period

The communications team published email updates to increase awareness of the project’s programs and new publications in addition to a quarterly newsletter. Each newsletter featured top stories on project activities and, in the section “Development Practitioner at Work”, interviews with key staff who shared their personal perspectives on development challenges. The interviewees were:

- Dr. Maha Al Saheb, NGO services delivery manager of SHOPS Jordan (September)
- Mbogo Bunyi, SHOPS country representative in Kenya (December)
- Joseph Addo-Yobo, a private sector specialist (March)
- Timothy Kachule, SHOPS country representative in Malawi (June)

For every issue, the team produced short videos capturing the staff member discussing his or her work. The communications team published four issues of the newsletter and disseminated it via e-mail to 6,800 subscribers, up 20 percent from the previous year.

Activity 2.2.4 Strategic pathway to achieving reproductive health contraceptive security private sector module

During Year Three, SHOPS contributed private sector inputs to the updating of the Strategic pathway to achieving reproductive health contraceptive security (SPARHCS) framework. During Year Four, SHOPS will participate in USAID’s Contraceptive Security Working Group meetings as well as print and distribute the updated SPARHCS tool.

Anticipated Year Four outputs

- Private sector module to SPARHCS printed and disseminated.

Accomplishments during this reporting period

During this reporting period SHOPS staff met with Linda Cahelen to discuss plans for formatting and branding the content developed during Year Three. The decision was made

to use a style similar to what has been used in the past for graphic design. However, SHOPS is currently waiting for final text from USAID to be submitted so that the document can be designed and laid out.

Activity 2.2.5: Private sector assessment tool

During Year Three, SHOPS completed a draft private sector assessment tool to be used by policymakers and implementing partners to conduct private sector assessments. During Year Four, the content for the tool will be finalized, a web interface to allow for dissemination and customization of the tool will be developed and the tool will be officially launched.

Anticipated Year Four outputs

- Private sector assessment tool completed and disseminated.

Accomplishments during this reporting period

The SHOPS team adapted content originally written for a print document to fit an interactive web environment. The team created an online platform to disseminate tools and lessons learned, which is now on a staging site. SHOPS has approved designs for the sub-pages and will finalize content before launching the site.

Activity 2.2.6 Paper on Wealth Effects on LA/PM Use

In Year Three, SHOPS used DHS data from 16 countries to analyze the relationship between socioeconomic status (SES) and use of long-acting and permanent methods. These results were presented during the LA/PM e-conference in May 2012. SHOPS proposes to further refine this analysis to examine whether wealthier women using LA/PM are more likely to go to the private sector than the public sector and if the converse is true (poorer LA/PM users more likely to go to the public sector rather than the private sector). While many practitioners in the FP community have cited the relationship between SES and LA/PM use, little solid evidence exists. This paper and research summary (aimed at researchers and non-researchers) will provide information on this important topic.

Anticipated Year Four outputs

- Paper and research summary completed and disseminated.

Accomplishments during this reporting period

During Year Four, SHOPS updated the list of countries for the analysis and strengthened the empirical analysis. The study now aims at understanding and measuring the role of wealth on whether a woman decides to use family planning or not, and if so, whether she will obtain her method through facilities from the public or the private sector. The analysis was completed and a paper drafted for internal review. The paper was submitted and accepted for an oral presentation at the upcoming International Conference on FP to be held in Ethiopia on November 2013. After that conference, the authors plan on submitting the manuscript to a peer-reviewed journal.

Sub-Result 2.3 Effective monitoring and evaluation conducted to support accomplishment of project goals

Objectives

SHOPS will conduct monitoring and evaluation (M&E) of the project's own work to ensure that results outlined in the PMP are achieved.

Summary of key activities and outputs for Sub-Result 2.3

Activity 2.3.1 Program reporting for core-funded activities

SHOPS will report progress against work plans for core- and field-funded programs in semi-annual and annual reports, quarterly reviews, results reporting, and management reviews. SHOPS will also prepare for and support external USAID evaluation team.

Anticipated Year Four outputs

- One management review, three quarterly reviews, and semi-annual and annual reports developed.
- Other reporting as needed.

Accomplishments during this reporting period

During the reporting period the project completed the Year Three Annual Report and Year Four Semi-Annual Report. In addition the project conducted one quarterly review (November 2012). The project also prepared for and supported the project external evaluation, including preparing a full written and verbal two day briefing for the evaluators and responding to a wide range of questions over the evaluation period. Quarterly reviews were therefore not held given the attention that was focused on the evaluation. A management review was completed in June 2013 including a presentation to the SDI Division of the Office of Population.

Result 3: Key Private Health Sector Systems Strengthened and Innovative Private Sector FP/RH and Other Health Programs Implemented and Scaled Up

Overview

During Year Four, SHOPS will continue to work on activities related to innovation and sustainability of private sector FP programs. These include launching and implementing the Health Innovations Challenge Fund, expanding access to finance among private health providers, assist with the introduction of Depo Sub-Q and implement and evaluate a pilot for task shifting in Ethiopia.

Sub-Result 3.1 Effective private health sector service delivery and distribution models strengthened, demonstrated and/or scaled up

Objectives

SHOPS will continue to identify, adapt and scale up new and innovative models and technologies to engage with the private sector with a particular emphasis on increasing access to the poor.

Summary of key activities and outputs for Sub-Result 3.1

Activity 3.1.1 Health Innovations Challenge Fund

Since Year One, SHOPS has been pursuing the potential of developing a Challenge Fund focused on surfacing and promoting innovative private sector approaches to health issues in sub-Saharan Africa. During Year Four, SHOPS made significant progress in securing sources of additional capital for funding grants and in finalizing a comprehensive fund design. During Year Four, SHOPS will release the terms of reference for fund managers, launch the Challenge Fund, and award grants.

Anticipated Year Four outputs

- Partners and funding commitments secured.
- Terms of reference for fund manager developed.
- Request for proposal (RFP) for fund manager released.
- Challenge Fund grantees selected and awarded.

Accomplishments during this reporting period

A funding agreement was signed with UK Department for International Development (DFID) through the HANSHEP Group to match funding provided by USAID for the fund. This resulted in a total grant pool across Ethiopia and Kenya of \$3.2 million, and an additional \$3.2 million available for the provision of technical assistance, M&E, knowledge management and fund management. Because the fund was smaller than originally expected, a decision was made that the SHOPS project would manage the fund directly rather than contract out to an outside fund manager

SHOPS finalized the design of and launched the HANSHEP Health Enterprise Fund (www.healthenterprisefund.org). SHOPS managed the marketing of the fund resulting in 150 short applications of which 50 applicants were eligible to submit a full proposal and proceed to selection committee stage.

In April independent consultants for SHOPS held workshops in Nairobi and Addis Ababa with the shortlisted applicants to ensure clarity in the applicants' interpretation of the full-length, Request for Applications (RFA) form and to answer any questions related to terminology or how to clearly explain their proposal. The workshops were well attended in both countries with immediate positive feedback on the value of such workshops and the quality of the facilitators.

The selection process took place in May with applications being reviewed and scored by selection committees made up of representatives from SHOPS, USAID and the business and health sectors in both countries. Scoring of applications was based on a strict rubric that weighed the financial viability of the idea with its potential impact on health outcomes for the poor in the competition's three main health areas. Each application was reviewed and scored by two selection committee members.

In June SHOPS hosted the HANSHEP Health Enterprise Fund Expo in Nairobi to provide a platform for the shortlisted applicants to present their pitches to investors, donors and other stakeholders from the private health sector. Prior to the event, SHOPS held practice sessions in both Ethiopia and Kenya to allow applicants the opportunity to practice and receive feedback on their pitches. The event had over 100 participants and feedback from applicants, investors and other attendees was very positive with many attendees surprised at the diversity of enterprises and the extent of private sector health activity that was represented at the event.

In July, SHOPS will perform due diligence checks on applicants recommended by the selection committees and prepare grant documentation for submission to the Agreement Officer's Technical Representative to the SHOPS project at USAID/Washington (USAID/W). Once grant agreements have been approved, SHOPS will begin disbursement of grants and develop individual technical assistance and M&E plans with each of the awardees.

During Year Five, SHOPS will provide technical assistance to each awardee, will collect monitoring and evaluation data on each project, and will undertake a program of knowledge management activities. Knowledge management activities will include the creation of case studies, research reports and other publications that highlight innovations, lessons learned and insights generated by the activities undertaken by awardees. Knowledge will also be shared by the SHOPS project and the awardees through blog postings, articles and social media, including a private social network platform that has been customized by the SHOPS project to facilitate connections between awardees, investors, donors and the wider global health community.

Activity 3.1.2 Increasing access to finance and strengthening market linkages

In Year Four, SHOPS continued work initiated in the previous years of the project and develop new activities to increase access to finance for private providers by engaging and leveraging new sources of financing for the private health sector in order to expand and improve FP/RH outcomes. SHOPS sought to identify challenges to financing and opportunities to increase access to finance, and strengthen the viability of private providers. SHOPS also focused on developing technical tools to enhance business management capabilities for the private providers. The project also provides USAID missions with programming recommendations to support the private health sector on as needed basis.

Anticipated Year Four outputs

- A framework for 'Health Mini Master of Business Administration (MBA)' (HBA) program and outline of key components (courses) designed and one course reviewed and redeveloped into a generic usage within the broad HBA
- Assist USAID missions by providing inputs for designing programming in business strengthening and access to finance.

Accomplishments during this reporting period

SHOPS developed a framework outline for HBA program which covers a wide range of business management skills necessary for small scale private providers. In addition SHOPS drafted modules for the entire program. The modules will be field tested and finalized in Year Five, providing a legacy for the project in business training. In terms of access to finance activities, SHOPS focused on developing a new financial product (factoring) in conjunction with the National Health Insurance Agency in Ghana to alleviate payment problems experienced by private providers accredited with the health insurance system. In addition, SHOPS conducted an assessment of access to finance constraints and market opportunities in Benin, and provided inputs into the potential development of access to finance programming, including a health sector Development Credit Authority (DCA). More details of SHOPS activities in Year Four are provided below.

Health Mini MBA. In an effort to strengthen the management capacity of private health providers SHOPS embarked on developing a comprehensive business management course which covers the broad range of management competencies required to successfully operate a private practice.

The course takes a competency based education approach to adult education focusing on key skills, knowledge and attitudes to manage a health business. The program assumes the use of the principles of adult learning with the active engagement of participants in the learning process using various techniques such as small group work, cases, examples, role play, etc. The focus of the learning activities is to draw the information from the participants, with additional enhancements made by the facilitator as needed with a minimal use of lectures and other passive methods of transferring the knowledge.

The motivation for developing a comprehensive course stems from the fact that private providers have weak management skills which impact the efficiency of private facilities and hinder their ability to access finance. While a number of training programs for small businesses exist, there are no programs that target the health sector, and address the specific needs of health managers, such as managing health facilities. This product fills in this gap and contributes to strengthening the management capabilities of health providers.

Using the HBA training program the owners and managers of small scale private medical clinics will learn:

- What it means to be a business owner and develop their knowledge and skills in operations management, quality assurance and improvement (QA/QI), financial management and marketing.
- So that they can manage their practices more efficiently and effectively, safely serve their patients, and keep their practices financially stable and profitable.

HBA is composed of 22 training modules organized in five key areas of management competency:

- Health Practice as a Business
- Operations Management of Your Practice
- QA and Improvement in Your Practice
- Financial Management for Your Practice
- Marketing Your Practice

Each module has a facilitator's guide, participants' materials (handouts) and power point presentations to support the learning process.

Figure 2: HBA five key areas of management competency



Thanks to its flexible modular design, HBA can be used in several ways:

- As a classroom based training in various modalities, for example:
 - Comprehensive year-long program (with all sections covered in the program)
 - Specific sections can be taught separately (finance, marketing, etc.)
 - Each module can be taught as a standalone short course
 - As a customized combination of modules and/or sections to meet the needs of a specific target audience
- As a self-learning program (with additional future adaptation for the specific channel of delivery)
 - Traditional self-learning course (with workbooks, self-tests, etc.)
- E-learning using internet, podcasts, videoconferencing, etc.

HBA can be used as professional development training, CME, or continuous medical education, alone or combined with other health education training programs.

During the period, SHOPS completed drafts of all 22 modules. In Year Five SHOPS will pilot the program in one or two countries (depending on field funding) and finalize the

program. SHOPS will also work to make the training available to trainers in developing countries, and will explore ways to offer the course in other modalities such as self-education or e-learning, depending on the availability of resources.

Ghana. SHOPS received a request from USAID Ghana to conduct an initial assessment of the constraints to National Health Insurance Authority accreditation for private providers, and in particular the extent to which access to finance can remove these constraints. Specifically, the USAID mission in Ghana was interested to learn how access to finance can improve quality of care and support the National Health Insurance Authority accreditation efforts to bring more service providers to underserved rural areas in Ghana.

The assessment was conducted in two parts. A SHOPS initial field assessment to understand the issues and formulate the scope of market research took place in June 2012. It was followed by a limited-scope market research of small private providers in rural Ghana, which took place in July 2012 in three regions (Northern, Western, and Volta).

The initial assessment showed that lack of financing is a clear limiting factor in developing the quality and quantity of health services in the country. The single most pressing problem that came up in every discussion and meeting was substantial payment delays on claims submitted to the National Health Insurance Authority (NHIA). Irregular and delayed reimbursements disrupt the normal operations of the private providers and discourage new providers, especially the smaller and weaker ones, from joining the national health system. Based on these findings, SHOPS proposed to develop a financial factoring product that would ease the payment constraint in the short run, until NHIA is able to resolve the payment issue in a systematic way.

During the period, SHOPS worked to begin developing a factoring product, an innovation in access to finance for the private health sector, which if successful could have broad replicability in developing countries that are implementing national health insurance schemes. To that effect, SHOPS held numerous meetings with NHIA and local financial institutions, and selected one bank – Fidelity Bank – as a partner for developing a factoring product for the benefit of private providers accredited with NHIA. By virtue of this product, private providers will be able to sell their NHIA invoices to the bank and receive cash much earlier than they do now, thereby improving the business viability of private providers which now may not receive reimbursement for as long as 150 days. Delay in payments also impact cashflow, which can have a significant negative impact on the quality of care a provider is able to offer.

During the period, SHOPS provided technical assistance to Fidelity Bank and developed a product prototype description for the bank to consider. In addition, SHOPS commissioned a legal review of the feasibility of a factoring product under the Ghanaian laws to make sure that factoring can be legally conducted based on the NHIA receivables. Finally, SHOPS worked to structure a payment guarantee for the benefit of Fidelity Bank with a local credit guarantee company (Eximguaranty) to provide additional enhancement for the product during its initial pilot stage.

The product design is currently under review by the bank's senior management. While Fidelity Bank is positively inclined to introduce factoring, the main obstacle so far has been NHIA which proved to be less supportive than initially expected. SHOPS reached an

process agreement in principle with NHIA with regard to the pilot of the factoring product, however, NHIA is reluctant to grant its support to the bank which hinders the approval. In Year Five SHOPS will continue its efforts to work with NHIA to finalize the design of the product and launch the pilot.

Other Efforts to Expand Access to Finance

SHOPS made an assessment of the private sector in Benin in November 2012, which included a review of the financing needs of private providers and exploration of the potential for DCA supported lending. At present, one bank (EcoBank) benefits from a USAID credit guarantee for the health sector. The SHOPS assessment revealed that there is room for more DCA opportunities in Benin as the private health sector is at an early stage of development and requires substantial investments. SHOPS provided recommendations to USAID/Benin to explore a credit guarantee arrangement with two additional local banks, and to develop a training program to strengthen the management capacity of the private providers. USAID/Benin has expressed interest in pursuing some of these activities in Year Five.

Relationship with the Office of Development Credit

During Year Four, SHOPS also worked closely with the Office of Development Credit (ODC) to discuss the outstanding health DCAs and to review opportunities for new programming. SHOPS holds regular meetings and consultations with ODC staff regarding potential countries and technical aspects of specific transactions.

Activity 3.1.3 Increasing understanding of the opportunities and barriers to provision and use of LA/PMs by private sector providers

Globally there is an interest in increasing use of LA/PMs, including by the Philippine Mission. However other than those currently implemented by MSI, there are few models of successful provision of LA/PMs in the private sector. USAID/Philippines and SHOPS are interested in identifying successful and sustainable models of LA/PM provision in the private sector that can be replicated and scaled. SHOPS has identified two seemingly successful private sector models of midwife provision of LARC to be documented. This includes documenting the business model, training, and other factors, such as provider bias, that present as barriers to be overcome or successes that can be replicated. Assessed providers would be reviewed within the context of the local environment including surrounding facilities, health insurance system etc. The evaluation will focus on a cross cutting set of issues including training of providers; supply of FP commodities; demand creation for LA/PM services including interpersonal communication between providers and clients; management of the model or service offering within the context of other services etc. By documenting these “Positive Deviance” models, SHOPS plans to share best practices and opportunities with the FP community both locally and globally that can be replicated and expanded.

Anticipated Year Four outputs

- Identify success models of provision of LA/PMs in the private sector in the Philippines
- Document the elements of success and any barriers to replications expansion/replications
- Distill global learning and disseminate findings
- Design a scale-up/replication strategy based on learning

Accomplishments during this reporting period

After an in-country fact finding trip in January, SHOPS confirmed that certain private midwife networks and other business models appear anecdotally to be having success in LARC provision. Based on this and continuing discussions with the health team at USAID/Philippines, who have had a long relationship working with the private health sector, SHOPS conducted an assessment of IUD provision by private midwives. The assessment focuses on IUDs as implants are just being introduced in the country and midwives are not yet legally able to provide them. During an assessment design trip in January 2013, SHOPS conducted meetings with stakeholders identified by the Mission, local consultants, and SHOPS desk research, including the Integrated Midwives Association of the Philippines (IMAP), members of the Well Family clinic network, Population Services Philippines Incorporated (MSI Philippines), and the Private Sector Mobilization for Family Health Phase 2 (PRISM 2) project, among others, who are involved in private sector provision of FP services. Based on these meetings, the SHOPS team was able to test the assumptions of barriers to and successes in providing IUD services. Some of these assumptions, which were discussed with the Mission, include training of providers, supply of FP commodities, demand creation for LA/PM services, and management of the model itself. This led to the design of a more in-depth assessment that was conducted in April/May 2013. The assessment gathered mostly qualitative information, with some complimentary quantitative, information from 17 Well Family and PSPI midwives across the Philippines. The information gleaned from these interviews, as well as supplementary interviews conducted with local stakeholders including the NGOs running each network, local government officials, and other implementers of FP programs, will contribute to a report to be completed in Year Five. The report will highlight lessons learned and promising practices that aim to help the Philippine Mission and implementing partners, and draw lessons globally on how to increase sustainable provision of LA/PM supply and demand.

Activity 3.1.4 Task shifting in Ethiopia

SHOPS will conduct an evaluation of complication and satisfaction rates amongst Marie Stopes International clients of voluntary female sterilization services performed by mid-level providers in Ethiopia. Since 2009, Health Officers, a cadre of non-physician clinician similar to Clinical Officers in other African countries, have been authorized to be trained in the provision of and provide tubal ligations (TLs). The training is unique for the region because rather than being trained to provide TLs as part of a larger postgraduate course in general surgery over 2 or 3 years, Health Officers are trained exclusively to provide TLs in a short competency-based training. The study will provide a key piece of evidence to inform the debate about whether Clinical Officers who are not trained in surgery as part of their standard curriculum can safely provide TLs to a high level of client satisfaction. Thanks to a relatively high volume of clients receiving voluntary TLs from Health Officers and therefore the potential sample size, this study will be the highest quality evaluation of mid-level provision of voluntary female sterilization to date.

Anticipated Year Four outputs

- Research study completed and technical report completed.
- Presentation to reproductive health policy makers in Ethiopia
- Policy brief with global task shifting implications developed

Accomplishments during this reporting period

During the reporting period, SHOPS developed protocols for both the qualitative and quantitative components of the task sharing research, submitted them for review by the relevant IRB's, and began preparations for data collection.

This study will assess whether trained Health Officers can provide quality TL procedures and to what extent this practice is accepted among key stakeholders in Ethiopia. Three distinct research components will achieve the following specific objectives:

- Assess the safety and client satisfaction of TL provision by Health Officers in Ethiopia (quantitative);
- Assess adherence to the MSI Ethiopia TL protocol by those Health Officers previously trained (quantitative); and
- Assess acceptability of task sharing by key stakeholders in Ethiopia (qualitative).

The research team, comprised of SHOPS, MSI Global and MSI Ethiopia staff, completed the quantitative protocol development with the help of a research consultant. The protocol was submitted to MSI's Ethics Review Committee. The protocol was then revised based on reviewers' comments and was resubmitted and approved in early July 2013. The protocol is currently under review by both Abt's IRB and the local Ethiopian IRB with expected approval by August 2013. The qualitative protocol has been drafted and is under final review before submission to the relevant IRB's, planned for early August 2013.

Data collection is currently planned to start in mid-September. In preparation, the research team conducted an initial visit to MSI Ethiopia to support country research planning and conduct capacity building. In addition, a data collection RFP has been issued locally with the process to be completed the first week of August.

Activity 3.1.5 LiveWell Kenya

In Year Three, SHOPS assisted LiveWell Kenya, a commercial health clinic network targeting low-income peri-urban Kenyans, with developing and implementing an M&E strategy that would allow LiveWell to measure improvements in business viability and health outcomes. During Year Four, SHOPS will continue to support evaluation efforts.

Anticipated Year Four outputs

- Data-clinic exit interviews and household surveys-collected and analyzed for the process evaluation on LiveWell performance and SHOPS' TA.
- Report completed and disseminated.

Accomplishments during this reporting period

In Year Four, SHOPS conducted a process evaluation of the LiveWell Health Clinic model. Interviews with management and staff as well as visits to observe each clinic were undertaken. In addition SHOPS analyzed routine data on costs, revenues, and service volumes provided by LiveWell and conducted a survey of 600 households in the LiveWell clinics' catchment areas, and a survey of 200 clinic clients as they left the facility. These surveys were conducted in all of LiveWell's geographic locations: in the Kayole/Matopeni slum area outside of Nairobi, as well as in Karatina and Kerugoya, two towns in the Central Province. The purpose of the process evaluation was to understand how the LiveWell model operates, serves, and attracts clients by documenting the process of day-to-day

implementation and the perceptions and experience of staff, clients, and potential clients. The evaluation also assessed the socioeconomic status of LiveWell's clientele.

The assessment found that the LiveWell model has focused on providing efficient and quality health services by providing all major services at each clinic, utilizing technology to ensure drug quality and record and track client information, using routine data for decision making, and retaining motivated staff through formal QA and supportive supervision practices. Outreach and marketing strategies have met with mixed success.

In less than 3 years, LiveWell had reached annual cost recovery of 82%. On average, each clinic served 520 clients (provider-patient encounters) per month. In only the last 6 months of the year (of this reporting period) LiveWell showed 56% increase in total services during this year's reported period compared to the same time period last year (July-December 2011). This came to a total of 22,134 client services. The breakdown of the services is shown in the table below. As the table shows, nearly half of the clients used only pharmacy services. Overall, most clients sought curative rather than preventive care, and more than half were repeat clients.

Table 4: LiveWell Client Services Provided

	Consultancy	Pharmacy	Lab	Others	Total
No. of patients	4,057	10,764	4,592	2,721	22,134

Approximately half of all clients were from the middle wealth tercile, while 28% in Nairobi and 17% in Central Province belonged to the poorest tercile, indicating that this clinic model may initially attract primarily middle-income households, but also serves many poorer clients.

The final report is complete and going through final review.

Sub-Result 3.3 Strategies to improve market segmentation, viability and sustainability

Objectives

SHOPS will continue to work on market building activities for FP products.

Summary of key activities and outputs for Sub-Result 3.3

Activity 3.3.1 Reproductive Health Supplies Coalition Market Development Approaches Working Group membership

SHOPS will continue to participate in Reproductive Health Supplies Coalition (RHSC) Market Development Approaches (MDA) Working Group (WG) conference calls and meetings and will begin to participate in the FP20/20 Market Dynamics Working Group.

Anticipated Year Four outputs

- Participate in monthly MDAWG telephone calls and meetings
- Become an active participant in the FP20/20 MDAWG

Accomplishments during this reporting period

SHOPS continues to be active in RHSC/MDAWG during a transitional period in which the organization seeks to clarify its role vis-à-vis the emergence of FP20/20 MDAWG and the UN Commodities Commission Global Market Shaping Group. SHOPS participated in a two day meeting co-hosted by FP2020 and RHSC on FP market shaping, providing feedback on the need to better clarify the mission, purpose, and scope of the MDAWG. SHOPS emphasized the importance of increased private sector engagement, demand-side activities, and last-mile distribution challenges to balance the supply-side focus of the contraceptive security agenda including logistics, stock-outs, pooled procurement and product quality. The FP 20/20 MDAWG has not yet been established.

SHOPS facilitated a meeting between N4A and MDAWG to expand MDAWG engagement with colleagues in the global south. Opportunities were identified to build visibility for the two organizations through RATN participation in MDAWG monthly calls, publication of MDAWG in N4A newsletters, and exchange of member lists, and exploration of co-sponsorship of regional meetings.

SHOPS has been active in planning agenda for 2013 annual meeting in Delhi, India, seeking to showcase SHOPS India innovations to increase access to and use of FP.

Activity 3.3.2 Depo Sub-Q Consortium

In Year Four SHOPS will participate in the technical advisory group that is looking to build a market for Depo-Provera Sub-Q in Uniject, once the product is available for sale. In addition SHOPS will participate in field visits to countries with strong social marketing potential for Depo Sub-Q.

Anticipated Year Four outputs

- Collaboration with Pfizer and the Technical Advisory Group coordinated by the Program for Appropriate Technology in Health (PATH).
- Country assessments and field visits.

Accomplishments during this reporting period

SHOPS participated in a Technical Advisory Group meeting, collaborated with PSI and PATH on a modeling exercise to estimate how Sayana Press might be launched in Senegal and Kenya through the private sector, liaised with Pfizer, continued discussions with SHOPS/Jordan about a potential pilot test, and met with the SHOPS Advisor to ProSalud in Bolivia to explore potential launch opportunities there.

In July 2012, an announcement was made at the London FP Summit that USAID, the Gates Foundation, DFID, and the United Nations Population Fund (UNFPA) would jointly procure up to 12 million units of Sayana Press from Pfizer. In October 2012, SHOPS and MSI both participated in a two-day Technical Advisory Group meeting during which much of the discussion focused on which countries would launch Sayana Press first. The modeling exercise that SHOPS conducted was shared at this meeting and helped inform product planning decisions. In February 2013, SHOPS and PATH conducted a joint trip to Senegal. SHOPS conducted a social marketing assessment to determine potential social marketing opportunities with l'Agence pour le Développement du Marketing Social (ADEMAS), MSI and other local actors. SHOPS participated in stakeholder meetings with USAID, the MOH, UNFPA, other USAID-funded bilateral health projects, and conducted

site visits to pharmacies and MSI clinics. The conclusion of this assessment was that ADEMAs is well-positioned to lead the social marketing introduction of Sayana Press in collaboration with other local partners.

A second joint PATH/SHOPS trip to Uganda occurred in March 2013. SHOPS played a similar role in assessing the various social marketing organizations and analyzing different market strategies and options for launching Sayana Press. A presentation was prepared for the USAID Mission with these findings and SHOPS is awaiting guidance on next steps.

SHOPS continues to support USAID/W in gathering social marketing plan inputs and liaising with various Sayana Press partners. SHOPS played a lead role in organizing a meeting with Pfizer, USAID, Gates, UNFPA, and PSI held in July 2013 at which all of the key considerations for introducing Sayana Press through social marketing channels were discussed.

Activity 3.3.3 E-Learning Course on the Total Market Approach

In Year Three SHOPS together with the Reproductive Health Supplies Coalition wrote a primer on the Total Market Approaches for FP. In Year Four, SHOPS will build on the primer and develop an online course using the K4H online platform for USAID mission staff on Total Market approaches. The course will include information on defining and implementing total market approaches as well as provide practical examples to guide missions on when to implement total market approaches (TMAs), the process for implementation and indicators that can be used to measure their success. This activity will be co-funded with HIV core.

Anticipated Year Four outputs

- E-learning course completed and launched

Accomplishments during this reporting period

SHOPS developed a concept note for a Global Health e-Learning Center course on Total Market Approaches. SHOPS received approval from K4H and USAID in June 2013 for the TMA course proposal and began developing the course outline. The course kick-off meeting and training on the web platform with course managers at K4H took place in June 2013. The SHOPS team has begun drafting course content with the goal of sending it out for external review in August 2013 and having a final version available for upload by the end of the HIV Core Fiscal Year in September 2013. This activity is cofunded by HIV Core

II. HIV/AIDS Core

Overview

While considerable progress has been made in engaging the private health sector in FP in recent decades, largely thanks to USAID support, much less is known about the role of this sector in HIV/AIDS services. This knowledge gap is largely due to the emergency response the epidemic dictated, whereby donors concentrated on provision of essential HIV services, particularly HIV treatment once it became available, through the public and NGO sectors. As the global response evolves toward ensuring sustainable country programs, and in light of the increased focus on sustainability put forth in the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) reauthorization, gaining a better understanding of the private sector's capacity to contribute to the response is warranted. This is particularly critical for countries and regions slated for phase-out of PEPFAR funding.

In light of recent research trials that demonstrated the efficacy of antiretroviral therapy (ART) in preventing transmission of HIV, the global HIV community is increasingly considering treatment as prevention as a means to both decrease spread of HIV while preserving life for HIV-positive individuals. In support of these findings, the United States Government (USG), through PEPFAR, has increased its treatment goals from 4 million to 6 million individuals, as announced by President Obama on World AIDS Day. At the same time, the Administration is striving to achieve an "AIDS-Free Generation," emphasizing HIV prevention, including preventing mother-to-child transmission, as well as increased access to treatment. Overlaid onto these shifting priorities is USAID's unique development lens, which aims to increase country ownership and ensure the long-term sustainability of national HIV responses.

SHOPS is well-positioned to respond to evolving USG priorities, as key Year Four activities addressed increasing access to HIV treatment through expanded engagement of the private health sector. These ongoing activities, as well as new activities initiated this year, continue to contribute to PEPFAR priorities while building the body of knowledge on private sector contributions to HIV/AIDS.

Result 1: Strengthened global-level and national-level support for state-of-the-art private sector HIV/AIDS and other health models, approaches and tools

Overview

Result 1 focuses on two strategies to build support for collaborating with the private health sector: strengthening alliances with global HIV stakeholders primarily through the PSWG and building public and private sector capacity at the local level to interact and pursue partnerships through the N4A and other dialogue mechanisms. In Year Four, HIV/AIDS activities will continue to develop relationships and explore opportunities for collaboration with key global and regional HIV stakeholders, and to increase their representation in the PSWG. In addition, SHOPS will engage country governments to increase awareness and understanding of the role of the private sector in addressing national HIV/AIDS needs. SHOPS will also work with the RATN through the N4A to develop content and participate in their Capacity Building Summit.

Summary of Key Activities and Outputs for Result 1

Activity 1.1 Strengthen strategic alliances with global HIV/AIDS stakeholders

In Year Three, SHOPS expanded the membership of the PSWG to include HIV/AIDS global partners and focus on HIV/AIDS issues. Capitalizing on the International AIDS Conference held in Washington DC, SHOPS organized the annual PSWG meeting around private sector contribution in key health areas. Over 70 participants attended, with 10 the HIV/AIDS community including staff from Office of the Global Aids Coordinator, GoldStar Kenya, GBC Health, Becton, Dickinson and Company, and many more.

In Year Four, SHOPS will continue to recruit new PSWG members from the HIV/AIDS international community and implementing partners as well as sponsor two PSWG meetings on an HIV/AIDS topic. SHOPS will also continue to build working relations, particularly in SHOPS country programs, with other HIV/AIDS partners.

Anticipated Year Four outputs

- Expanded PSWG membership to include regular participation from HIV/AIDS partners and stakeholders
- Two PSWG meetings focused on an HIV/AIDS private sector topic

Accomplished during this reporting period

PSWG has held three quarterly meetings to date. Each meeting averaged around 15 PSWG members with representatives from USAID, Gates Foundation, CHAI, and OGAC. SHOPS is currently planning an annual meeting for November 2013. A date and overarching theme of the meeting has not yet been finalized.

Activity 1.2 Transfer Network for Africa to an African Institution

To strengthen PPPs in HIV and AIDS, developing country ministries of health needs to develop and acquire new skills above clinical ones in HIV and AIDS. Using the N4A platform, SHOPS continues to develop a cadre of public and private sector stakeholders who can provide strategic advice, assist implementation of health PPPs and build capacity within their own governments to engage and partner with the private health sector.

In Year Three, the N4A team identified an African organization – RATN – to assume leadership and implementation of the N4A community of practice. In Year Four, SHOPS will support the transition of the N4A to RATN by building their skills in sustaining the community of practice as well as transferring knowledge, experience and skills to their membership base, through a mix of HIV Core and POP Core Funding. In addition, SHOPS will use HIV Human Resources for Health Core funds to further support this transition by collaborating with RATN on its second Capacity Summit, to be held in Johannesburg, South Africa in March 2013. The summit will bring together stakeholders to build knowledge on capacity-building interventions that support country-owned solutions to achieve the Millennium Development Goals. SHOPS proposes to highlight the role of PMTI in addressing the African human resources for health shortages by planning and facilitating two sessions around revenue diversification for PMTI as well as private financing options for pre-service education. This forum will allow SHOPS to significantly disseminate lessons learned to date in implementing innovative private sector methods to expand the health workforce in Tanzania, Zambia, and Malawi, as well as to vet and identify new approaches currently used in Africa. SHOPS will support the attendance of speakers from PMTI that are currently implementing new business management and revenue diversification plans in Tanzania, Zambia and Malawi, and will document key discussion and follow-up points around private sector revenue diversification and financing for RATN to disseminate to its PMTI members after the Summit.

Anticipated Year Four outputs

- Support for capacity building efforts with RATN
- Two panel sessions featuring SHOPS-supported PMTI speakers on private sector revenue diversification and pre-service financing
- Summit report describing key innovations and discussion points around revenue diversification and pre-service financing for RATN PMTI members
- Roadmap for RATN to use for ongoing technical assistance with PMTI member post-Summit

Accomplishments during this reporting period

In July 2012, N4A held an online chat on the Association of Private Healthcare Facilities' experience in delivering quality HIV and AIDS and tuberculosis services through the private sector. Following the online chat, the transcript was shared widely, posted on the N4A webpage, and has been downloaded more than 100 times. In September 2012, the N4A held an online chat on BroadReach's down referral model for HIV and AIDS services in the private sector. Unfortunately, after several attempts, the facilitator could not access the live chat platform and thirty minutes into the online chat, the N4A team had to cancel the chat, after sharing with

the audience a few details on the basic concepts of the down-referral model in HIV and AIDS. Due to the facilitator's travel schedule and other commitments, the N4A team was unsuccessful in rescheduling the chat. True to the now established tradition, the N4A dedicated the entire December 2012 N4A e-newsletter to private sector HIV and AIDS topics in honor of International AIDS day. This is the third year N4A has published such an e-newsletter. Additionally, each of one of the 10 bi-lingual newsletters produced in Year Four shared at least one item with an HIV and AIDS topic.

SHOPS collaborated with RATN on the implementation of RATN's second bi-annual conference on medical training of health professionals that was held in South Africa in March, 2013. Over 300 participants attended this event to discuss latest trends in training Human Resources for Health (HRH) in Africa. SHOPS sponsored two sessions. The first one -- a panel discussion on "Understanding the Emerging Role of the Private Sector in Medical Education" -- focused on the growing involvement of the private sector in medical education. Topics included PPPs in medical education, opportunities for private medical franchising in Africa, and the growth of PMTIs in the developing world. Over 25 people attended. The second session on "What is the Actual Cost of Training a Medical Student?" led by Shoshana Hecker and John Mthetwa of Banyan Global, was a skills-building opportunity that focused on teaching participants how to best set tuition fees that are affordable for students and allow PMTIs to get a reasonable return on investment. Ten individuals attended the session. SHOPS also sponsored four participants -- Tobias Swai, Fratern Kilasara, Dr. Anne Phiri, and Esther Chikopela -- from PMTIs that works with the project in Zambia and Tanzania to attend the capacity summit.

RATN organized a separate satellite session where its members were officially introduced to N4A. The satellite sessions was attended by 102 participants; one hundred of whom later joined the community of practice.

Result 2 Knowledge About and Understanding of Private Sector Provision of HIV/AIDS and Other Health Information, Products, and Services Advanced and Communicated

Overview

A strong evidence base is critical for successfully advocating an increased private sector role in health as well as for designing effective programs. Activities under this result will generate, analyze, and disseminate essential information related to strengthening the commitment to and support and programming for the private health sector.

During Year Four, SHOPS will build on the strong knowledge and dissemination base established under the first three years of the SHOPS project. SHOPS will continue to advance knowledge about the role of the private sector through innovative uses of existing primary and secondary data and research. SHOPS will also increase the project's visibility within the HIV/AIDS community through strategic participation in global events. The primary goal of global dissemination is to raise evidence-based knowledge about the current role and future potential of the private sector in HIV/AIDS services, as well address persistent misconceptions about the ability of the private sector to respond meaningfully to the HIV/AIDS pandemic.

Summary of Key Activities and Outputs for Result 2

Activity 2.1 Knowledge advancement

In recent years, the SHOPS team pursued several opportunities to advance global knowledge, share evidence about the potential of the private health sector to contribute to national HIV responses and address misconceptions about the role of the private sector in HIV/AIDS service delivery. SHOPS staff have presented at international meetings and strategic forums, including: at the Office of the Global AIDS Coordinator, the Center for Disease Control Global Leadership Forum, a USAID Technical Brown Bag, at the USAID OHA, and at the International AIDS Conference.

In Year Four, the SHOPS team will continue pursuing opportunities to advance global knowledge private health sector engagement and potential contributions to national HIV/AIDS responses. Global, high-level conferences, as well as journal articles, present a forum to reach large numbers of influential policy-makers, practitioners, and donors. SHOPS will seek to present the outcomes of OHA-funded work in strategic conferences and journals. Specifically, SHOPS will use Knowledge Advancement funds to submit abstracts and participate in panels at regional and international conferences and meetings. Potential meetings and conferences include the OHA Partner Meeting in Washington, DC on 13 November, 2012 and the IHEA Conference Private Sector pre-day in Sydney, Australia 7-10 July, 2013. SHOPS will also continue to develop a larger HIV presence on the SHOPS website and will advance knowledge by compiling and presenting evidence on the SHOPS website of how governments and donors can leverage the private health sector to promote sustainability in national HIV/AIDS programs.

SHOPS will monitor the effectiveness of its Knowledge Advancement efforts based on the number of HIV/AIDS abstracts presented at high-level conferences and meetings, the number of page views for HIV content on the SHOPS website and the number of downloads of HIV reports from the SHOPS resource center.

Anticipated Year Four outputs

- Submission of at least one manuscript to a peer-reviewed journal
- Development of HIV content featured prominently on SHOPS website
- Participation in and presentation of private sector HIV/AIDS policy papers and research at high-level conferences and meetings, including at the iHEA private sector meeting in Sydney

Accomplished during this reporting period

SHOPS sought to advance knowledge on the role of the private sector in HIV/AIDS through a combination of high profile presentations, participation in international conferences, journal publications, and increased HIV content on the SHOPS website.

SHOPS HIV/AIDS staff also presented at four international meetings and other strategic forums. The presentations are listed in Table 4 and described below.

Table 5: SHOPS HIV/AIDS presentations

Location	Event	Date	Staff	Title
Beijing, China	Health Systems Research Symposium	October 2012	Itamar Katz for Doug Johnson	Quantifying the Role of Private Health Providers in HIV testing: Analysis of Data from 18 Countries
Beijing, China	Health Systems Research Symposium	October 2012	Alison Goldberg for Dineo Dawn Pereko	Reducing ARV Costs in Namibia: A Means to Increase Access
Washington DC	OHA Partners Meeting	November 2012	Ilana Ron	Leveraging Private Sector Resources in Namibia to Support the PEPFAR Transition
Washington DC	USAID Brown Bag	May 2013	Doug Johnson	Quantifying the Role of Private Health Providers in HIV testing: Analysis of Data from 18 Countries
Sydney, Australia	iHEA Private Sector Pre-Day	July 2013	Ilana Ron	Estimating the Effects of Financial and Non-Financial Incentives on Private Sector Health Worker Motivation: a National Study in Malawi
Sydney Australia	iHEA Private Sector Pre-Day	July 2013	Ilana Ron	Reducing the Cost of Private Sector ARVs in Namibia: A Means to Increase Access

Through participation in key USG meetings and presentations highlighting SHOPS work, the project succeeded in advancing knowledge of the role of the private sector within the community.

SHOPS submitted several individual abstracts and two pre-formed panel submissions for the Second Health Systems Research Symposium held in Beijing, China in October 2012. Two HIV-related abstracts were selected for poster presentations—“Quantifying the Role of Private Health Providers in HIV Testing: Analysis of Data from 23 Countries,” and “Reducing the Cost of Private Sector ARVs in Namibia: A Means to Increase Access.”

SHOPS also took a lead role in organizing this year’s OHA Partner’s Meeting in Washington, DC on November 13, 2012. As a member of the organizing committee, SHOPS helped develop a session – titled “Transitioning Response: Evolving Roles of NGOs and the Private Sector” – that focused on engaging the private sector as a means of supporting PEPFAR transition countries. At this session, SHOPS presented its work on sustaining HRH in Namibia as part of a panel discussion. SHOPS also used the opportunity to disseminate copies of its HIV/AIDS publications.

In December 2012, SHOPS’ manuscript describing HIV counseling and testing quality in the public, private, NGO and faith-based sectors in Zambia (based on work conducted under the predecessor project PSP-*One*) was accepted by Health Policy and Planning. The article was published as part of the special Health Policy and Planning supplement distributed at the International Health Economics Association Private Sector Symposium in July 2013. In order to support wider dissemination and easier access, the manuscript will be published under an open source license.

SHOPS submitted an additional manuscript to Health Policy and Planning based on its analysis of multi country DHS datasets, titled “Quantifying the Role of Private Providers in HIV Testing: Analysis of Data from 18 Countries”. Unfortunately, Health Policy and Planning did not accept the manuscript for publication since the results of the analysis were too similar to a previous study on the subject. SHOPS is currently considering conducting additional analysis based on the reviewers’ comments and questions from a USAID brown bag and resubmitting to another journal.

SHOPS sought to increase knowledge through expanding HIV/AIDS content on the project website, and timed the launch of relevant HIV products, presentations, and events with World AIDS Day on December 1, 2012. Specific content developed and released for World AIDS Days 2012 included a four-page research brief on SHOPS analysis of DHS data on HIV testing, a collection of interviews with various stakeholders on public-private engagement, and an announcement of the Tanzania PSA dissemination workshop. SHOPS routinely uploaded new HIV products, including announcements, information sheets, primers, and presentations on leveraging the private health sector to strengthen national HIV responses throughout this reporting period.

Activity 2.2 Building the evidence on contracting out for HIV/AIDS care and treatment in South Africa

There is growing interest in the use of contracting-out and purchasing agreements as a method to involve the private health sector in expanding access to high-quality HIV/AIDS treatment and support in developing countries. In many settings, progress in scaling up access to ART has saturated tertiary and often centralized public treatment facilities, and more attention is being paid to the evolving costs of ART as national HIV responses shift from emergency care to chronic disease management. Documenting and describing methods of PPP-contracting in the South African context will provide useful perspectives on how private sector capacity can be leveraged for expanded HIV/AIDS treatment access and cost-sharing in the context of declining donor funding for HIV.

In Year Three, SHOPS continued two activities documenting private health sector contracting experiences in South Africa. First, SHOPS revised and updated a standalone case study of BroadReach Healthcare's GP contracting out program in North West Province, South Africa. In addition, throughout Year Three SHOPS staff worked with a local lead investigator and data collection firm in SA to kick-off a process and implementation evaluation documenting three streams of contracted GP care provided by Right to Care Health Services in Gauteng Province.

During Year Four, SHOPS staff will conclude data collection and analysis of the Right to Care Case Study. A product presenting the study results, policy implications and implications for PPP-contracting arrangements in practice is expected for the second quarter of Year Four.

Anticipated Year Four outputs

- Technical report that describes Right to Care's multiple contracting-out models, with implications for scale-up and replication in other contexts
- Research Brief

Accomplishments during this reporting period

In the Year Four, SHOPS worked with the data collection firm, Health and Development Africa, to complete the data collection phase of the research. A SHOPS researcher traveled to Johannesburg in October 2012 to train local data collectors and kick off the data collection. Due to delays in obtaining research approval from the Gauteng Provincial Department of health, and difficulties in scheduling interviews during the holiday season, the initial data collection period was extended through January 2013 and all follow-up data collection activities were concluded by April 2013. During the data collection phase, advances in PEPFAR transition planning, including the phase-out of the PEPFAR-funded Thusong ART delivery model, and the debate around National Health Insurance in South Africa occurred. Due to these changes, the SHOPS team extended the data analysis phase to include additional questions related to country ownership of HIV and AIDS responses that would yield more robust information on the effects of the PEPFAR transition on PEPFAR-supported contracting-out efforts. The team completed data analysis in June 2013 and began drafting the technical report. SHOPS anticipates that

the draft report complete with policy implications for developing and implementing contracting-out mechanisms will be submitted to USAID for review in September 2013.

Activity 2.3 Estimating the contributions of the private health sector in achieving national adult anti-retroviral treatment goals: multi-country analysis

Policymakers in many sub-Saharan African countries lack the necessary information to estimate the potential contribution of private providers towards addressing unmet need for ART and to design effective policies that would leverage the private sector (i.e., geographic distribution, physical infrastructure, scope and quality of services, and potential capacity of private providers). In Year Three, SHOPS designed and carried out a quantitative and qualitative research study to answer these questions in Kenya.

In the first quarter of Year Four, data collection in Nigeria was completed and is currently being analyzed. A team meeting was held in November in Bethesda where the initial Nigeria survey results were shared and the report outline was finalized. As no official mapping exists of private providers in Nigeria, the report will also draw on data from a SHOPS mapping exercise funded through Field Support. The “Mapping of Health Care Facilities and Providers” is a survey of all 2,400 private providers in Nigeria and helped the team identify existing gaps in the initial data collection. Filling in these gaps requires gathering data from additional facilities providing ART in Nigeria, as well as additional labor to analyze the more robust data and strengthen the model results. Similarly, more recent data on private providers and ART service provision has been made available in Kenya, requiring additional analysis to strengthen and update the preliminary findings.

In addition, in Year Four, based on a request from Kenya NASCOP and developments by the Nigerian MOH and USAID mission to expand private sector engagement in HIV and preventing mother to child transmission (PMTCT), dissemination meetings will be held to ensure that study findings inform future policy development and all relevant local stakeholders are engaged. Dissemination events are contingent on receiving funding from field support programs in Kenya and Nigeria.

Anticipated Year Four outputs

- Technical report
- Dissemination meetings in Kenya and Nigeria with key stakeholders

Accomplished during this reporting period

During Year Four SHOPS completed all data collection tasks and improved the estimation technique for both Kenya and Nigeria. The SHOPS team carried out all estimations utilizing data and information from facility surveys, open-ended interviews, and secondary data sources. Based on discussions with the OHA client, it was agreed that two reports would be developed - one for Kenya and one for Nigeria. The technical report for Kenya was recently finalized and shared with local counterparts. At the same time, the Nigeria report has been finished and all estimations are final as well. The reports for Kenya and Nigeria will be accompanied

by a Technical Appendix that explains step-by-step the sources and methods used to produce the estimates for the analyses.

SHOPS expects to have both reports finalized, distributed, and disseminated internally and externally in the 1st quarter of Year Five. Dissemination events for Kenya and Nigeria have not been planned and will be contingent on the availability of funds from field support programs in both countries.

Activity 2.4 Enhancing the HIV/AIDS Continuum of Response by understanding patient pathways to HIV Care in Uganda

There is increasing recognition that people living with HIV (PLHIV) in resource poor regions access HIV care from multiple providers in the public, private and traditional health sectors both simultaneously and/or at different times during their medical treatment. An understanding of how and when patients seek care at different places and times is a critical first step in promoting a continuum of comprehensive care that mitigates the negative impact of multiple care pathways. It is envisioned that the results of the study will inform efforts to strengthen multi-sectoral linkages, promote integrated-care, strengthen referral continuity, and encourage the effective and efficient coexistence of private and public actors in a health system.

Based on the findings emerging from the study, SHOPS will develop recommendations for a pilot intervention focused on the improvement of referral continuity. It is envisioned that this could involve the expansion of ‘health passport’ approaches currently in use in some public sector systems in southern Africa and/or promotion of integrated public-private health information management systems (HIMS) in Uganda. Ideally, recommendations to USAID/Uganda for a potential pilot intervention would be favorably received and allow for a field support funded intervention to begin before the end of Year Four.

Anticipated Year Four outputs

- Technical report
- Recommendations to USAID/Uganda for potential pilot activities focused on strengthening HIV and ART referral continuity in the Ugandan public and private sectors.

Accomplishments during the reporting period

In Year Four, SHOPS secured all required IRB approvals in Uganda, including enterprise-level (Abt’s internal), university-level, national-level, and Office of the President approvals. The process was lengthy and required multi revisions to the protocols which delayed the start of data collection. SHOPS hired a local research firm and co-Principal Investigator (co-PI is required in Uganda, along with their three local IRB levels). As of July 2013, SHOPS was working with the local research firm and the Ugandan MOH to obtain additional permissions required by the facilities themselves and the organizations to which they belong, as well as local government permissions to collect data. Data collectors were trained by SHOPS staff and are planning to begin facility-based interviews in early August. Due to delays in obtaining required approvals, SHOPS envisions developing a final product by December 2013.

Activity 2.5 Advancing Knowledge on Dual Public/Private Practice through a case study of provider and patient experiences in Uganda

‘Dual practice’ can be defined as health professionals who concurrently work in the public sector, while also maintaining a private practice. Combining public and private service delivery may compensate for unrealistically low salaries and/or inadequate working conditions in the public sector. While dual practice may contribute to national retention of trained health workers and improved collaboration between the health sectors, it also has the potential to jeopardize access to and quality of care. While the practice is common in many countries, there is limited evidence on the scope of dual practice in developing countries and its impact (both positive and negative) on equity, quality and efficiency in HIV/AIDS and other essential service provision, as well as health worker retention. In Year Three, SHOPS conducted a literature review with an annotated bibliography that summarized the key considerations, benefits, constraints, and motivations for dual practice globally, and used country specific examples to facilitate a constructive dialogue on how to optimize the effects of dual practice, while managing potential risks. This literature review informed a draft document that summarized generalized information on a range of dual practice modalities, contextual and environmental factors affecting dual practice, specific country examples, and recommendations for potential strategies to leverage opportunities and mitigate negative impacts of dual practice.

In Year Four, SHOPS will supplement the completed literature review with insights from interviews public and private providers, patients, and policy makers in a selected country. SHOPS will use these interviews to develop a case study of dual practice in that highlights opportunities or challenges specific to HIV service delivery. For example, whether dual practice providers offer certain HIV services in either their public or private practice, whether they follow different standards of care, and whether they try to influence where and which patients access care. This case study will make a more comprehensive dual practice brief that outlines: the range of existing of dual practice modalities; contextual factors affecting dual practice, including potential pros and cons of existing modalities; examples of strategies – policy, regulatory and others – used to counter negative effects and/or leverage positive effects; and emerging lessons and guidance for effectively managing dual practice.

Anticipated Year Four outputs

- Dual practice brief including case study

Accomplished during this reporting period

SHOPS conducted informal semi-structured interviews with policy makers, private providers and some patient advocates in two countries – Tanzania and Ivory Coast. Findings from these interviews are being written up into case studies and will be merged with the completed literature review to form a comprehensive dual practice brief as anticipated. Estimate report available by end September/early October.

Activity 2.6: Guide for conducting private sector country assessments

In Year Two SHOPS developed a draft guide entitled “Assessment to Action” presenting our approach to conducting private sector country assessments. Questionnaires were also developed and tailored for specific stakeholder groups, with a focus on HIV/AIDS. In Year Three, with additional funding from Pop Core funding, SHOPS began adapting the draft guide into an online tool that will make assessments easier to implement. The new approach provides a consistent framework as well as guidance on how to communicate and apply findings. The decision to create an electronic tool with on-demand printable components (rather than a printed guidebook) reflects a shift towards electronic dissemination, as well as the need to be comprehensive in scope while responding to specific user needs. The tool will provide practical tips, guidelines, templates, examples, and background information that allow an assessment team to create their own version, tailoring the content to the particular context, sector, and programmatic objectives. An electronic format will also allow for easy updates, the ability to add additional modules (feedback, support, a community of practice), and the potential to import data from other sources, such as MeasureDHS, the World Bank, and the World Health Organization. In Year Four, SHOPS will finalize the web-based format and work with web developers to develop the guide’s interface. It is anticipated the final product will be produced in the fourth quarter of Year Four. SHOPS is using consultants for this activity.

Anticipated Year Four outputs

- Finalized guide (user-friendly electronic format)

Accomplished during this reporting period

In Year Four substantial revisions were made to the content of the guide, to further accommodate the shift from a printed document to electronic format. To inform revisions, SHOPS conducted in-depth interviews with key stakeholders to document best practices as well as identify problem areas. “Personas” of potential users of the tool were developed to further guide design and content for the tool. As a result, sections were added to reflect emerging practices in PSAs. Core questions by stakeholder group were revised to ensure application of the tool beyond HIV/AIDS. SHOPS also developed a simple after-action review process to document post-assessment learning and ensure knowledge sharing. In addition to content modifications and updates, SHOPS secured a firm to develop the online interface. The firm designed the basic look-and-feel for the online tool. Ultimately, the firm was not producing according to expectations, and the contract was severed. The remaining tasks related to the web platform will be performed in-house, guided by an external consultant. The PSA tool will be reviewed in its entirety by SHOPS reviewers in September, in preparation for a planned external launch in November.

Activity 2.7: Program management and reporting

The SHOPS HIV/AIDS team will continue to support client requests for information and to provide regular updates on project activities. SHOPS will report progress against work plans in semi-annual and annual reports, quarterly reviews, results reporting and management reviews.

Accomplishments during this reporting period

SHOPS HIV staff regularly participated in quarterly reviews, presenting progress updates as well as noting any implementation challenges. HIV staff also provided written updates in the semi-annual and annual reports. In addition, relevant HIV staff participated in bi-weekly updates with OHA clients to review ongoing activity implementation and expenditures, discuss plans for new activities, as well as strategize on countries to target for TA. Several staff members were also involved in developing the Year Four work plan and the HOP13 request for USAID.

Activity 2.8 Communications to support HIV and AIDS activities

SHOPS will continue to support efforts to develop, publish, and disseminate HIV and AIDS-specific content. This will include developing and updating content on various pages of the SHOPS website; updating and printing HIV-specific documents (fact sheets, policy briefs, etc.) for dissemination at meetings and conferences; and supporting the SHOPS communication team efforts to strengthen the visibility of HIV and AIDS-related programming via the website, newsletters, events, and presentations.

Accomplishments during this reporting period

The communications team updated webpages focused on HIV, produced a postcard to promote a SHOPS-sponsored satellite session at the International AIDS Society Conference 2012, and created a webpage highlighting SHOPS activities in the conference with video clips. SHOPS participation at the conference was promoted through email notification, the e-newsletter, and social media. The team produced a research brief on the study, HIV Testing by Private Health Providers: Evidence from 18 Countries, and disseminated it through email, social media, and the Health Information and Publications network. The communications team highlighted the project's private sector work in HIV and AIDS on World AIDS Day through a special web page and a homepage banner, email notification, and social media.

Activity 2.9 Understanding the role of the private sector in national HIV

Spending: Cross-country comparison

Sustainability of HIV service delivery in low and middle income countries has become an important topic in international and national forums, particularly in light of projected decreases in donor investment. As this discussion moves forward, increasing numbers of stakeholders have become interested in better understanding the role of the private sector – especially private employers, insurance companies, and service providers – within the health system overall and HIV response specifically. One key question raised concerns the relationship between donor investment and private sector health contributions and, more generally, how external resources for health affect public and private markets. Building on previous analysis conducted by PSP-One, SHOPS will analyze the implication of donor and government resources on private sector spending on health using tracking data from National Health Accounts (NHA) HIV Subaccounts. Through both cross-sectional and time series analysis, it will examine the relationship between donor and government spending against private sector spending. Countries in this study include DRC, Ethiopia, Kenya, Malawi, Tanzania, Namibia, Cote d'Ivoire, and Vietnam.

Anticipated Year Four outputs

- Final manuscript for journal submission
- Research brief

Accomplishments during this reporting period

In Year Four, SHOPS used the NHA reports to create a database of general health and HIV subaccount spending at source, agent, provider and function level for the following countries and years: Kenya (2002, 2006, 2010); Malawi (2002, 2005, 2009); Tanzania (2003, 2006, 2010); Vietnam (2004, 2009); Cote d'Ivoire (2007, 2008); Namibia (2008, 2009); Ethiopia (2008); and DRC (2008). The team then conducted a preliminary analysis to determine whether the private sector was being crowded in or crowded out as a source, agent, or provider of HIV funds and services. This original analysis yielded results that were inconclusive and similar to the original 2009 PSP-One paper. Based on the feedback from Health Policy and Planning regarding SHOPS' manuscript for its DHS analysis (i.e. that the results were too similar to the previous study and did not add anything new to the existing literature), SHOPS and OHA discussed alternative analysis that could be done with the NHA data. SHOPS then looked at the changing role of private providers, private financing agents (e.g. health insurance and employers), and trends in out-of-pocket expenditures for HIV financing. After presenting the findings from these analyses to an internal audience of health financing, HIV, and country experts, SHOPS decided that the results were not strong enough for journal publication. Mainly, methodological differences in collecting and estimating data for the original NHA reports made cross-country comparisons imprecise. After more discussions with OHA, SHOPS has decided to proceed with individual country fact sheets for Kenya, Malawi, Namibia, Cote d'Ivoire, and Ethiopia that will present a summary of the findings regarding private sources and managers of HIV expenditures, especially regarding spending at private facilities. These fact sheets will be completed by September 2013.

Result 3: Health Sector Systems Strengthened and Innovative Private Sector HIV/AIDS and Other Health Programs Implemented and Scaled Up

Overview

As a leader in health systems strengthening (HSS) and private sector strategies, the Abt team understands that the private sector is embedded in a larger health system and has successfully built critical linkages between the private and public sectors accordingly. Throughout the life of project, the SHOPS team will ground private sector strategies in a solid understanding of a country's health system and from this perspective will help identify private sector opportunities that address long-standing challenges, promote promising approaches, and advance the next generation of innovations. During Year Four, SHOPS will identify and take to scale promising field-based interventions that improve the role of the private sector in HIV/AIDS service delivery and take steps to ensure that innovative private sector strategies are embedded within country-led health system strengthening efforts. Proposed activities include country assessments, efforts to expand the health care workforce, and adding an HIV/AIDS focus to already planned field activities.

Summary of Key Activities and Outputs for Result 3

Activity 3.1 Building the capacity of PMTI in Tanzania to train health workers

Tanzania was chosen as the focal country given its severe HRH shortages, strong Government of Tanzania interest in strengthening the private sector, policy guidelines that articulate a prominent role for PMTI, and several nascent PPPs in medical education. Building on the findings from an assessment that limited financial mechanisms and the presence of numerous financial barriers have been hindering the ability of PMTI to expand pre-service education, SHOPS has worked with selected PMTIs to assess opportunities to diversify revenue and with banks to introduce appropriate loan products for students attending private institutions.

Accomplishments during this reporting period

Based on the findings that limited financial mechanisms and the presence of numerous financial barriers have been impeding the ability of PMTI to address the shortage of trained medical professionals, SHOPS has worked with selected PMTIs to address policy as well as operational level issues related to student financing of medical education and improving the operational performance of the PMTIs. The goals of this technical assistance has been to initiate steps that would help increase the number of students graduating from PMTIs by reducing the number of students who drop out of school because of financial inability to pay for medical education as well as to improve the financial performance of the PMTIs through revenue diversification initiatives.

Technical assistance activities derived from the assessment commenced in May 2012 and despite a delayed start has continued into Year Four. However, the current programming planning involved extended discussions with USAID/W to select and

finalize the most appropriate activities for this year. As a result of this back and forth between SHOPS and USAID, much of the activities will be concentrated in the upcoming months of August and September 2013. The two main categories of technical assistance activities include:

Introducing Banks to Market Opportunities to Finance Medical Education – SHOPS worked with two banks (Akiba Bank and EXIM Bank) to assess the viability of a “parent loan” product to salaried parents of students attending private medical training schools institutions. It was hoped that these loan products could help some students obtain financing for paying tuition for their private medical school training. In order to be eligible, parents/guardians must have a demonstrated cash flow to repay the loan. Unfortunately, despite initial indications that these products would be positively received, neither EXIM Bank nor Akiba Bank was successful in launching a viable “parent loan” product for students who are attending PMTIs.

Akiba Bank’s Parent Loan product was based off of a pre-existing product that was phased out at the end of 2012 because it was not profitable. Therefore, without an external guarantee, they indicated that they were no longer interested in offering a parent loan product for students attending PMTIs. Adding to the lack of a viable existing product, the independent research done by Akiba at the PMTIs found that the parents’ of students were generally not bankable and therefore Akiba indicated that they had little interest in marketing products to them.

EXIM has launched a savings tool called Haba na Haba (Little by little) at the end of 2012/beginning of 2013. This is a recurring deposit, savings product which is designed to encourage savings. This savings product would allow parents to borrow against their own savings in order to pay tuition fees. (Since individuals need to have saved for a minimum of 6 months before they can barrow against their savings, this is a longer term option.) The idea of this product is to encourage a savings culture, which is not currently present in Tanzania. While EXIM Bank indicated that they would be interested in marketing this product at the PMTIs, their research also found that parents and students were not their target client. Therefore, despite the general launch of the product, they decided that they would not market it directly to the PMTIs unless they received outside support to do so.

Despite SHOPS’ ongoing efforts to work with local financial institutions to develop and offer lending products for students and their parents at Tanzanian PMTIs to pay their medical training fees, there have been challenges in building interest and commitment from these financial institutions to develop and launch appropriate products to this target audience. In order to learn from these efforts in Tanzania, as well as other counties in the region, SHOPS is working on a briefing document on SHOPS experience working with local financial institutions to increase private financing options for medical students and suggestions for future initiatives. The brief will include an overview of what was done, what worked well, what did not work well in this situation, lessons learned, suggestions for future projects with similar goals and an overview of what would be an ideal situation to try this activity in the future. As a result of the abovementioned delay in finalizing the HRH

programming in Tanzania, this activity was not able to begin until late June 2013. Much of the work will occur in August and it will be completed by September.

Technical Assistance to Improve the Operational Performance of PMTI –

SHOPS worked with the Herbert Kairuki Memorial University (HKMU), Royal Pharmaceutical Training Institute (RPTI), Massana School of Nursing (MSN) and KAM Medical Training Institution (KAM) to identify key barriers to revenue diversification, recommend opportunities for increased fundraising, and identify specific ideas for revenue diversification. Despite initial work with the three institutions, most of SHOPS programming was focused at HKMU as they were the most interested in collaborating with the project.

SHOPS worked with HKMU to develop revenue diversification strategies and implementation plans for improving their operations. These revenue and fundraising ideas include: the formation of the alumni association, offering continuing medical education for doctors and nurses, and the development of a health research and consulting services bureau at the institution. HKMU has included all of these areas in their strategic planning and are motivated to develop them. HKMU has begun efforts, with the support of SHOPS to launch the Alumni Association and offering limited continuing education programming, but they remain quite basic as there is little market demand (current continuing education programs are limited to short lectures and are free); and is committed to the launch of the health research and consultancy bureau. With the support of SHOPS, the launch of the HKMU Alumni Association was held in Dar es Salaam on November 2, 2012. The event was officiated by the HKMU Steering Committee Chairman and was well attended by the HKMU Alumni.

In the upcoming year, building on the unofficial launch of the HKMU Alumni Association, SHOPS will support HKMU Alumni Association to develop a strategic plan, to develop formal operational and financial procedures, and to develop a reliable and usable database of alumni. SHOPS is in communication with HKMU and is scheduled to provide the support to their Alumni Association in August and September 2013 on these activities. As a result of this support, it is expected that the HKMU Alumni Association will provide relevant information on the potential of alumni associations as a revenue diversification strategy for other PMTIs throughout the region. While SHOPS is not continuing support to HKMU on implementing the other revenue diversification strategies, many of these are included in their recently updated strategic planning efforts.

Activity 3.2 Private sector assessments and targeted technical assistance

Private sector assessments (PSAs) provide country stakeholders and donors with critical information about the current role of the private sector in addressing national health needs, and help identify opportunities for greater engagement of this sector, ideally in partnership with the government. Given the limited evidence on the role of the private sector in addressing HIV/AIDS needs in high prevalence countries, PSAs often serve as a critical first step to increased engagement and collaboration between

the sectors, and for this reason form a central activity of the SHOPS HIV/AIDS portfolio.

SHOPS plans to finalize one PSA and conduct at least one full assessment in a country with high HIV prevalence during Year Four. These assessments will inform national governments on how to integrate private sector elements of the health system into their HIV response. In addition, each assessment will be followed by public-private policy engagement to validate the findings and facilitate a collaborative process to develop action plans for greater public-private collaboration to strengthen the overall health system and achieve national HIV/AIDS goals. SHOPS will also explore potential collaboration opportunities with such entities as the International Finance Corporation's Health in Africa (IFC/HiA) initiative. SHOPS will endeavor to build local capacity to conduct or support these assessments. Should assessments not be feasible, efforts will be made to support requests for targeted technical assistance that may emerge. In either instance, specific areas to explore may include service provision, health financing, access to finance, regulatory constraints, PPPs, drug procurement, and workplace programs and policies. Based on discussions in Year Three, one potential assessment opportunity will likely take place in Botswana.

Countries of particular interest for an assessment and/or targeted technical assistance are as follows:

Tanzania

In Year Three, SHOPS partnered with IFC/HiA to conduct a PSA for mainland Tanzania that sought to develop actionable recommendations for the Tanzania Public-Private Partnership Technical Working Group to effectively engage the private health sector. SHOPS staff conducted a two-week data collection trip and wrote the first drafts of the assessment report. In Year Four, SHOPS will continue partnering with the International Finance Corporation to finalize, publish, and disseminate the full PSA report. In addition, they will finalize a PSA brief that summarizes the full report's findings.

Botswana

Botswana's adult HIV prevalence rate is nearly 25%. The private sector is already being incorporated into the national HIV response, which has been promoted as an African "success story" in achieving rapid roll-out of ART services. The second phase of the national 'Masa ARV Programme' outsourced ART services to the private sector to reduce congestion at public health facilities and delays with enrolling new patients. These efforts increased the number of people enrolled for HIV treatment from 8,000 to roughly 24,000. The process used to expand services has a strong potential to inform PPP initiatives in other countries/regions. SHOPS has submitted Scope of Work to the USAID Mission and the Botswana MOH which focuses on leveraging the private health sector and building PPPs for HIV/AIDS services, especially relating to the policy environment, health financing, service delivery, management of pharmaceuticals and medical supplies, and male circumcision. USAID/Botswana and the MOH have both approved the Scope and SHOPS is currently planning to conduct the assessment in Q2.

Anticipated Year Four outputs

- Final Tanzania PSA report and brief
- Conduct at least one country assessments and produce one report
- Potential for dissemination meetings (post-assessment) to strengthen public-private collaboration and facilitate partnerships to address health systems and HIV/AIDS needs (Field funding will be explored)

Accomplishments during this reporting period

Tanzania

Following data collection during the last reporting period, the SHOPS team completed a first draft of the assessment report in July 2012. During August and September 2012, the report was shared first with internal reviewers, then USAID/W, USAID/Tanzania, the World Bank, and the PPP technical working group (PPP-TWG). Based on the reviewers' feedback, the SHOPS team developed a revised draft and shared it with Tanzanian stakeholders at a day-and-a-half dissemination event that took place November 14-15, 2012 and was fully funded by IFC/HiA. 59 representatives from the public sector, private sector, donor community, and implementing partners attended. In December 2012, the SHOPS team completed a final revision of the report based on the feedback from the dissemination workshop and began developing a summary brief. In January 2013, SHOPS submitted the final draft to the World Bank to go through their publication process and it is currently on track to be finalized and printed in August 2013. At the request of the PPP-TWG, SHOPS participated in the launch of the PSA at the East Africa Healthcare Federation Conference in Dar es Salaam, Tanzania on February 26, 2013. At the conference, SHOPS participated in discussions with USAID/W and USAID/Tanzania about follow-on field support activities based on assessment recommendations to strengthen private sector engagement in health. SHOPS also completed and published the Tanzania PSA brief in February 2013 in time for distribution at the aforementioned East Africa Healthcare Federation Conference.

Botswana

In June 2012, the new PPP Specialist for USAID/Botswana reached out to OHA colleagues, as well as SHOPS directly, after learning about the SHOPS N4A workshop in Dar es Salaam and formally requested a PSA. Following initial conversations with USAID/Botswana, SHOPS drafted a PSA scope of work in September 2012 that focused broadly on building public-private collaboration in the policy environment, health financing, service delivery, management of pharmaceuticals, and medical supplies, and male circumcision. SHOPS prepared and submitted an application for MOH/IRB approval in December 2012, complete with a letter from the Abt IRB requesting that the requirement be waived based on the type of data that the assessment team would collect. After receiving approval in February 2013, the SHOPS team participated in several calls with the MOH, USAID/Botswana, and National AIDS Coordinating Agency to finalize the scope of work. The three-person assessment team traveled to Gaborone May 6-17, 2013 for data collection. At the end of their trip, the team debriefed the USAID mission and the U.S. Ambassador to Botswana on the findings. The team completed the first

draft of the assessment in June 2013. Ilana Ron and Thierry van Bastelaer traveled to Botswana at the end of July to discuss the report's recommendations and potential follow-on field support activities with the Health Finance Thematic Working Group and USAID mission.

Activity 3.3 Build the capacity of PMTI in Zambia

Zambia's health sector faces a significant human resource crisis. There are a number of factors that have contributed to this crisis. One of the most significant challenges is the inability to significantly increase the output of trained medical personnel at existing or newly established medical training institutions.

Over the past six years there has been significant growth in the prevalence of private medical training institutions (PMTIs) in Zambia. These PMTIs are increasingly training a significant number of the country's medical personnel. As of July 2012, there were fifteen PMTIs that enrolled 1,165 students per year in programs producing nurses and midwives, medical doctors, clinical officers, and pharmacy technologists.

Accomplishments during this reporting period

SHOPS has been working in Zambia since 2009 to develop the private health sector. As a result of these efforts, SHOPS recognizes both the potential of PMTIs to contribute to health workforce development as well as the constraints that are inhibiting this new sector. Accordingly, SHOPS conducted an assessment, beginning in late-June 2012, to examine key constraints and identify opportunities to work with PMTIs in order to help address the human resource crisis in Zambia.

The SHOPS assessment included an organizational review of 13 of the 15 PMTIs. Each PMTI was examined along 11 dimensions, including understanding of the external environment, governance, planning, business management capacity, use of external financing, profitability, curriculum development, staffing, infrastructure and other training resources, marketing, and networking and media relations. The assessment found that governance, profitability, access to external financing and infrastructure/training resources were areas where the majority of PMTIs are weak. Based on these findings, SHOPS classified the PMTIs as "growth oriented", "operational and stable", or "struggling". The good news is that only fifteen percent are struggling, sixty-two percent were classified as operational and stable and twenty-three percent are growth oriented. The assessment also revealed that PMTIs face a number of policy and regulatory issues in operating. Many PMTIs have difficulty maintaining the required number of tutors due to a shortage in the country. Another key issue facing PMTIs is funding; at present, PMTIs do not receive funding from the government and students attending PMTIs do not have access to government-funded scholarships. Building on the HIV Core funded activities from Year Three, current Zambia Field Support SHOPS programming is working to address many of these issues and is supporting selected PMTIs to improve their operational and financial management through training for their senior staff, administrators and faculty. Some strategies implemented by the PMTIs include: implementing debt recovery systems for students in arrears, adjusting the student fees payment schedule

to ensure steady cash flow, broad level strategic planning and revision of the institute's business plan, tracking costs of training in order to adequately set appropriate tuition fees, exploration and implementation of innovative revenue diversification strategies and the improvement of record keeping and preparation of financial records.

An additional finding from the assessment was the notable friction between regulatory Government of Zambia agencies, such as the General Nursing Council (GNC), and the PMTIs. Initiated with HIV Core funds, and transitioned to Zambia Field Support, SHOPS has supported a more open dialogue between the GNC and the PMTIs. More details on these efforts can be found in the Zambia Field Support section of this report.

In the upcoming year, SHOPS will continue to leverage learning from the trainings that are presently being provided to PMTIs in Zambia to develop this curriculum that can eventually be used with other PMTIs across region. The curriculum will provide PMTIs with the basic business and financial management skills that will allow them to better respond to the challenges of the private sector. Case studies will be developed and included in the curriculum which are directly applicable and relevant to PMTIs. Based on learning from the present work with Zambian PMTIs, the curriculum will include modules on the specific business and financial challenges often faced by PMTIs, including issues of how and when revenue diversification is relevant.

SHOPS has interviewed the owners and key staff of PMTIs in Lusaka and the Copperbelt a part of detailed training needs assessment. Interviews have also been held with GNC regulators.

Based on the training needs assessments, it has become clear that a three-tiered training approach with most appropriately address the challenges of the PMTIs:

Tier #1 will include a one-day training session (How to Ensure the Continued Profit and Success of Your PMTI) designed for the PMTI owners. The purpose of this session is to help the owners recognize that they are small business owners who need to reinvest in their businesses and in their staff if they want their PMTIs to continue to be profitable.

Tier #2 is a one-day business management overview training session (How to Manage a PMTI as a Business) for staff responsible for managing the daily PMTI operations. This session is designed to help them understand their function, the decisions they need to make, and how to work with the owner for mutual benefit.

Tier #3 will involve six days of technical business management training for the staff who are responsible for the specific technical area, although managers should also attend and owners would be welcome to attend. These six days will include: 2 days for PMTI Financial Management, 1 day for PMTI Human Resource Management, 1 day for PMTI Operations Management, 1 day for PMTI Stakeholder Relations

Management, and one day for PMTI Academic Quality Management. (The GNC has indicated that they will partner with SHOPS in the development of the last module.)

SHOPS has begun the development of the associated lesson plans and training materials for the curriculum. A pilot training is scheduled in Lusaka the first two weeks of September.

Activity 3.4 Increasing Financing of Voluntary Medical Male Circumcision through the Private Health Sector

African countries are setting ambitious goals to expand the prevalence of voluntary medical male circumcision (VMMC) as a high-impact HIV prevention intervention in relatively short timeframes. For countries with high HIV prevalence and decreasing PEPFAR allocations as well as a developed private health sector infrastructure the private health sector can play an important role in both financing and delivering VMMC. In 2011, the SHOPS project, with the support of USAID/Namibia and in conjunction with Deloitte South Africa, defined, costed and proposed a VMMC tariff for inclusion as an explicit medical aid benefit for HIV prevention. The benefit was officially approved by the Namibian Association of Medical Aid Funds (NAMAf) in October 2011 and is eligible for coverage by all Namibian medical aid funds in 2012. This tariff is the first explicit coverage of HIV as a preventative benefit under health insurance in Africa and will allow a sizeable (approximately 26 percent) segment of the eligible population to be circumcised through the private health sector and will reduce dependency on PEPFAR funds to support VMMC. By 2013, SHOPS will have data from Namibia to show how uptake and financing of VMMC in the private sector has increased through the definition of this tariff. In Year Four, SHOPS will prepare a detailed brief that documents its experience developing the standardized tariff for VMMC in Namibia. The primer will outline the standard components of a tariff submission, including how SHOPS developed, structured, costed, and submitted the tariff. The brief will also document how SHOPS worked with local partners, including NAMAf, to get the tariff approved. This information will provide regional information about catalyzing private sector financing of VMMC, and will provide global learnings to other countries implementing VMMC programs that may experience increases in private medical insurance coverage in the future.

Anticipated Year Four outputs

- Brief that documents SHOPS' experience with the VMMC tariff in Namibia

Accomplishments during this reporting period

The proposed primer is an adaptation of a more in-depth report for the USAID/Namibia mission that SHOPS completed in Year Four. In order to avoid duplication of effort, SHOPS delayed writing of the primer until USAID/Namibia had reviewed the original report. In June 2013, SHOPS began adapting the original document into a more general primer that would be applicable to countries with similar levels of HIV prevalence and health infrastructure (e.g. South Africa and Botswana). A draft of the primer is expected to be completed by the end of the HIV Core Fiscal Year in September 2013.

Activity 3.5 Developing e-course on Total Market Approaches for USAID mission staff

In Year Four, SHOPS will develop an online course on TMAs for the Global Health eLearning Center online platform. The target audience for the TMA course is USAID mission-based health staff worldwide. The course will define TMAs, explain the role of different stakeholders, explain how to design a TMA, illustrate the steps in the implementation process and show how to measure impact. The course also includes case studies of successful TMAs.

Anticipated Year Four outputs

- Online course content developed
- Agreement with K4H to house course reached

Accomplishments during this reporting period

In April and May 2013, SHOPS developed a course proposal for a Global Health e-Learning Center course on Total Market Approaches. SHOPS received approval from Knowledge for Health (K4H) and USAID in June 2013 for the TMA course proposal and began developing the course outline. The course kick-off meeting and training on the web platform with course managers at K4H took place in June 2013. The SHOPS team has begun drafting course content with the goal of sending it out for external review in August 2013 and having a final version available for upload by the end of the HIV Core Fiscal Year in September 2013.

Activity 3.6 Condom market analysis

PEPFAR is looking more closely at its programming of condoms in focus countries which, for some time, has been untargeted, highly subsidized and highly dependent on PEPFAR funds. Even though USAID and PEPFAR have invested significant resources in increasing condom use, countries have not uniformly seen an increase in usage rates. There is little correlation between the supply of free and subsidized condoms and increases in condom use.

Typically, public sector free condom distribution treats all consumers equally with the objective of maximizing access at the expense of sustainability. Forecasting for condoms is often based on theoretical needs for condoms and ignores actual levels of demand. As a result, condom “gaps” are often exaggerated, and there is a strong tendency to push condoms through NGOs, public sector channels, and social marketing organization in an uncoordinated and untargeted fashion. In spite of the mandate for equal access, more condom distribution organizations have a strong urban bias which competes directly with consumers of commercial condoms. The unpredictability of the supply of subsidized condoms is also a significant disincentive for commercial condom manufacturers to invest in promotion or supply. As a result, even where condom use has increased, the commercial share of the total condom market has not grown and access to condoms is more dependent on donor funding than ever. With increased emphasis on value for money and developing sustainable approaches under PEPFAR II, the application of TMA principles to condom programming is very timely.

Using primers and documents developed by SHOPS on TMA, SHOPS will prepare a Guide for Total Market Condom Programming. The guide will describe a process by which country stakeholders can develop a national Total Market condom strategy using widely available data and information. As suggested by the TMI primer, the guide will provide more specific information to help country stakeholders decide what level of development their condom market is in and which strategies would be appropriate to pursue for the given level of development.

Once the guide has been approved in draft form, one of the priority countries used for the analysis would be selected for a pretest of the guide. The pretest would be conducted by conducting key stakeholder interviews and conducting a one day workshop to review the ease of use, comprehensiveness, appropriateness of performance indicators and the utility in addressing condom programming needs. Ideally, the feedback from the workshop would allow SHOPS to prepare a more detailed, but still unofficial TMI plan covering a three to five year time period. The plan would include specifics of a strategy to improve the sustainability, efficiency and access of the total market and key indicators identified to allow stakeholders to track the success of the plan.

Anticipated Year Four outputs

- Country selected and data analyzed
- Guidelines for market analysis using findings and tool developed

Accomplishments during this reporting period

SHOPS developed and submitted a concept note and following approval, began conducting background literature and data review to determine what information was already available to use for the guide. The SHOPS team also began identifying potential countries that it could field test the guide in and include in the guide as case studies. Based on condom usage statistics and USAID-funded condom shipments, these countries include Ethiopia, Kenya, Madagascar, Rwanda, Zambia, Zimbabwe, Brazil, and India.

Activity 3.7 Evaluation of Task Shifting VCT services in the private sector in Namibia

HIV counseling and testing (HCT) is a critical component of the management of HIV/AIDS prevention, and is a key entry point to treatment, care, and support services. Early knowledge and awareness of one's HIV status is of paramount importance in curbing the spread of the disease. Effective HCT practices enable seropositive individuals to access care and treatment and thus reduce the morbidity and mortality associated with HIV and AIDS. Since 2004, Namibia's HIV and AIDS response has been in full scale-up mode due to a dramatic increase in donor funding, particularly from the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund. PEPFAR's investment in Namibia funded the establishment and operation of various New Start Centers across the country. These centers allowed individuals from both the public and private sectors to easily and accessibly receive HIV tests and pre- and post-test counseling. Due to diminishing

donor funds linked to Namibia's increasing economic status, these centers are experiencing reduced levels of donor funding. In addition, Namibia's strong commercial pharmacy infrastructure provides a potential platform for the expansion of HCT services through private pharmacies.

To strengthen the role of commercial pharmacies in the provision of HCT, SHOPS/Namibia (with Namibia COP12 and COP13 funding) will be pilot testing the potential for task shifting elements of HCT to private pharmacies. There are serious concerns about the quality and usability of rapid HIV test kits sold over-the-counter in private pharmacies; consequently, this activity will explore the feasibility of transition of HIV counseling versus HIV counseling and testing to private pharmacies. This pilot will focus on training commercial providers in strong HIV counseling practices; strengthening the ability of commercial pharmacies to procure high-quality test kits; and removing financial barriers to the provision of HCT by pharmacists through the design and submission of a tariff through health insurance for HIV counseling and testing. To complement the pilot, SHOPS will conduct a process evaluation using core HIV funds. During Year Four SHOPS will establish the design of the evaluation. The full evaluation would be completed in Year Five using remaining funds.

Anticipated Year Four outputs

- Evaluation design established and vetted
- Research instruments drafted

Accomplishments during this reporting period

SHOPS received approval for the initial pilot program from USAID/Namibia in late July 2013, later than expected. This intervention will begin implementation in August 2013 and will continue into COP13. In order to prepare for the process evaluation, SHOPS has hired an appropriate researcher and initial design of the evaluation will occur in August-September 2013.

Activity 3.8 Mobilizing private sector nurses and midwives for expanded coverage of comprehensive HCT/PMTCT services in underserved primary care settings

The delivery of targeted and timely ART to pregnant mothers and their newborns has been demonstrated to be highly effective in preventing the transmission of HIV from a positive mother to their infant. However, in most developing world settings pregnant women have fewer options in seeking out prevention of mother to child transmission (PMTCT) services. In many countries with a high HIV/AIDS burden, acute shortages of qualified senior level health personnel further constrain efforts to extend the coverage and utilization of basic HIV services – such as HIV counseling and testing (HCT), PMTCT, and enrolment into lifelong ART management. The goals of any successful PMTCT program are: 1) the early identification of HIV positive women and pregnant mothers in order to enroll them in ANC and PMTCT care; 2) ensuring infants born to positive mothers receive prophylaxis at birth and receive treatment within the first weeks of life; and 3) that WHO guidelines on HIV and AIDS, PMTCT and related issues such as breastfeeding are clearly communicated to patients by well trained and motivated health personnel.

In Tanzania, where a physician is typically required to write prescriptions for combined PMTCT and any follow-on ART regimens, efforts to enable lower level health facilities and to increase the involvement of skilled nurses and midwives in the provision of PMTCT have the potential to rapidly increase the coverage, availability and utilization of PMTCT and ANC services among women visiting primary care settings. This could be particularly beneficial for women in rural or hard to reach areas where PMTCT services are unavailable or require long-distance travel to access. The Private Nurses and Midwives Association of Tanzania (PRINMAT) is well poised to undertake an extension of the HCT and PMTCT service basket as outlined above. At present, the members of PRINMAT are currently operating approximately 75 “maternity home” facilities in 16 regions and 33 districts of Tanzania, many of them in rural areas.

Despite their strong focus on MCH and ANC care, only a handful of PRINMAT members have been trained to provide basic HIV counseling and testing, and only a few members have been able to independently source training and district approval required to provide PMTCT services. SHOPS proposes to work collaboratively with PRINMAT, the Ministry of Health and Social Welfare (MOHSW), District Health Management teams, and national HIV/AIDS stakeholders to expand the delivery of rural PMTCT services via the PRINMAT network of providers. This will include the providing required trainings, brokering relationships between district HIV/AIDS leadership and PRINMAT members, and assisting to resolve any operational roll-out barriers. In partnership with USAID, PRINMAT and the MOHSW, SHOPS will also develop a M&E system to measure increased PMTCT coverage, utilization and other key indicators related to the activities’ success.

Data and operational learning obtained through the PRINMAT PMTCT roll-out will be utilized to inform other private sector groups seeking to become more involved in PMTCT care in Tanzania, and will be provided to the nursing council and other key MOHSW stakeholders in order to explore opportunities for expansion of nurse midwife scope of practice to include the provision and/or maintenance of full ART regimens.

Anticipated Year Four outputs

- Memorandum of understanding (MOU) with PRINMAT established
- About 75 midwives/nurses trained in PMTCT and HCT
- A project implementation brief outlining the process and outcomes of nursing/midwifery scope of practice dialogue, the training program, barriers and opportunities to rollout, supply chain management and initial impact of HCT/PMTCT availability developed.

Accomplishments during this reporting period

SHOPS has initiated dialogue with PRINMAT to estimate training costs, initiate dialogue with MOHSW and the nursing council, and to discuss the logistics of both training and PMTCT service roll-out. SHOPS met with Tanzanian stakeholders in mid-July 2013; including the Tanzanian Nursing and Medical Council, PRINMAT, MOHSW, national and regional HIV leadership, and regional PMTCT, PRINMAT

and MOHSW representatives to discuss the process of nursing scope of practice extension, the approach to training and roll-out, and ensuring all stakeholders agree on training inputs. The implementation of this activity will begin in Year Five.

IV. Child Health Core

Overview

The primary goal of the SHOPS Child Health program is to significantly increase the number of children under five receiving oral rehydration therapy (ORT)/ORS and zinc for the treatment of diarrhea through private sector channels. Secondary goals of the SHOPS child health team are to expand the role of the private sector in the delivery of essential child health services and products/treatments and to document the impact of private sector delivery of services on MCH outcomes.

In SHOPS Year Four (Zinc Year Three) the Child Health team continues to leverage core funds to solidify commitments from USAID Missions and other international partners for the scale up of diarrhea treatment programs in high burden countries. This includes utilizing core funds to 1) plan and implement new diarrhea treatment interventions in Kenya, Nigeria and Uganda; 2) provide global thought leadership on diarrhea management and other child health practices implemented through private sector channels; 3) provide TA to Missions and other child health programs on the introduction zinc plus oral rehydration salts (ORS) for diarrhea management; and 4) continue to scale-up the SHOPS project's existing diarrhea management with zinc plus ORS program in Ghana.

Result 1: Strengthened Global Support for SOTA Private Sector Maternal and Child Health Approaches, Products, and Services

Overview

The SHOPS' Child Health program has moved into a new mode of operation. Rather than being the single private sector implementing unit, working in close collaboration with the public sector stakeholders in country, the SHOPS team is actively collaborating with an array of actors who are implementing programs in both the public and private sectors to improve access to and create demand for zinc plus ORS.

Summary of key activities and outputs for Result 1

Activity 1.1 Establish New Alliances and Partnerships with International Partners, Governments, and International Agencies for the Introduction of Zinc in the Private Sector

Anticipated Year Four outputs

- Three to four new PPPs established in target high-prevalence countries.
- Roles and responsibilities of each implementing partner identified.
- Implementation plan developed and agreed upon by all partners.
- Implementation activities commenced.
- Coordination and collaboration with partners on M&E.

Accomplishments during this reporting period

SHOPS is working with CHAI and a consortium of implementing partners to scale up of diarrhea management activities in three targeted high prevalence countries: Kenya, Nigeria, and Uganda. Implementation plans have been developed and agreed upon by all partners and activities have commenced. SHOPS activities focus on zinc and ORS promotion through private sector channels, working closely with local manufacturers, professional associations, and regulatory boards. Activities in each of these program countries are described below under Activity 3.3.

Result 2: Knowledge about and Understanding of Private Sector Provision of Maternal and Child Health Information, Products and Services Advanced

Overview

Under this task, the SHOPS Child Health team has actively contributed to global knowledge of effective interventions and strategic approaches to introducing zinc and ORS through private sector channels. The team not only actively shares its lessons learned on effective ways of delivering zinc through the private sector at forums convened by donors, the Diarrhea and Pneumonia Working Group of the UN Commission on Lifesaving MCH Commodities and the Zinc Task Force, but has also been working to address challenges and better understand the motivators and barriers to correct diarrhea treatment on the part of both caregivers and providers.

Summary of key activities and outputs for Result 2

Activity 2.1 Increase the visibility of zinc interventions among international audiences

The SHOPS Child Health team serves as a focal point for global leadership and coordination on implementing diarrhea management through the private sector, which includes expanding SHOPS web-based resources on diarrhea management, working with the International Zinc Task Force to develop an on-line repository for zinc program-related documentation, and participating on the Diarrhea and Pneumonia Working Group and other forums to share global knowledge on the effectiveness of various operational approaches to implementing zinc plus ORS programs through private sector channels.

Anticipated Year Four outputs

- Lessons learned in implementing and operationalizing private sector zinc programs disseminated to international partners, non-governmental organizations, academia, and others through new venues (such as the American Society of Tropical Medicine and Hygiene), international conferences, webinars, USAID's Mini-University, and other events.
- Analysis of need for and appropriate channels for discussion forums relating to Diarrhea Management Community of Practice completed
- New updated content shared through the SHOPS Diarrhea Management website.
- New zinc materials and resources available through SHOPS and Zinc Task Force websites.
- Results from caregiver research in Benin and provider research in Ghana disseminated to the international community via up to two research briefs and/or peer reviewed journal articles.
- Results from research in Uganda and Tanzania shared with appropriate national and international audiences.

Accomplishments during this reporting period

The SHOPS Child Health Advisor participated in the zinc plus ORS session at the Annual Meeting of the American Society of Tropical Medicine and Hygiene in November 2012, made a presentation on PPPs for health at the USAID-sponsored mini-University in September 2012, and in June 2013 made a presentation to the ZincTank2 Symposium on implementation of zinc programs through private sector channels.

The SHOPS Child Health Advisor is an active member of the UN Commission on Essential MCH Commodities' Diarrhea and Pneumonia Working Group and participated in quarterly meetings of that working group in November, January, May and June 2013. The SHOPS

team also now leads the demand generation subgroup and co-leads the M&E subgroup and is a member of the UN Commission Recommendation 7 (demand generation) working group. As lead for the diarrhea/pneumonia demand creation subgroup, the SHOPS Child Health team took the lead in developing a framework for analysis and compiling evidence on demand generation activities for the WG.

The research team has finalized a full report (available on the SHOPS website) of the research conducted in 2009 and 2011 on diarrhea management practices of caregivers of children under five in Benin and has prepared a brief for publication highlighting key findings and lessons learned that will be published in August. In addition an abstract based on this research was accepted for poster presentation at the APHA Annual Conference in November 2013. The results from this field research will contribute to the global knowledge base on caregiver and provider knowledge, attitudes and practices around treatment with ORT/ORS and zinc.

Results from the Ghana randomized controlled trial (RCT) have been analyzed and widely disseminated. SHOPS Ghana Zinc Program Coordinator Odartei Lamptey presented preliminary data from this research at the Information and Communication Technology for Development Workshop hosted by Catholic Relief Services in Accra in March 2013, and Dr. Minki Chatterji presented study findings at the Population Association of America in April 2013 and at the Private Sector Health Pre-IHEA event in July. A final draft is in preparation for submission to a peer reviewed journal.

The SHOPS Child Health Team also collaborated with USAID's Maternal and Child Health Integrated Program (MCHIP) to evaluate rural health service delivery channels in Tanzania. Data and results were analyzed and the report of findings was provided to USAID/Tanzania in June 2012. Findings were presented to a wide array of stakeholders in early November 2012 in Tanzania and to interested staff at SHOPS, MCHIP and USAID in March 2013. This assessment, requested by USAID/ Tanzania, is being used to guide their future investments in strengthening service delivery and looked at both quality of and access to child health services as well as caregiver perceptions of services provided at both Ministry dispensaries and private sector accredited drug dispensing outlets.

Activity 2.2 Expand the knowledge base of effective operational strategies and messages

During Year Three, the Child Health team conducted formative research with a limited number of providers in Benin and Uganda to understand knowledge, attitudes and practices in the recommendation/prescription of zinc plus ORS for diarrhea treatment. Basic results were informative but it was decided that a more in-depth look at provider perceptions would be required in order to assist the project in reformulating approaches to changing the behaviors of these key target groups.

Anticipated Year Four outputs

- Study of motivators and barriers to provider prescribing behaviors in Ghana completed and disseminated.
- Barriers to correct use and correct prescription practices identified and addressed.
- Analysis of communication messaging in Ghana completed and disseminated.

Accomplishments during this reporting period

In May-July 2013 SHOPS worked with a graduate fellow from the William Davidson Institute at the University of Michigan's Ross School of Business to understand the motivators and barriers behind the dispensing practices of private providers in Ghana in order to fulfill a missing gap on information about provider behaviors that is critical to improving global diarrhea program strategies and approaches. Key insights on barriers to correct prescription practices and suggestions for program improvements to training/incentivizing providers gained from this research have been shared with partners in Ghana as well as Nigeria, Uganda and Kenya. The results from this initial exploratory research will inform the development of a more robust qualitative study to be conducted in the fall of 2013 with the expectation that the results will be submitted to a peer-reviewed journal.

In addition, SHOPS is preparing to conduct message testing with caregivers in Ghana to refine messaging of the generic demand creation campaign. The outcome of this research will be more targeted mass media messages for the 2014 campaign to encourage trial and correct use of zinc and ORS in the treatment of diarrhea.

Result 3: Key Private Health Sector Systems Strengthened and Innovative Private Sector Maternal and Child Health Programs Implemented and Scaled Up

Overview

The top priorities for the SHOPS Child Health portfolio for Year Four have been: 1) to continue the commercial introduction of zinc in Ghana through TA to local manufacturers and implementation of accompanying demand creation activities for ORS and zinc; 2) to work collaboratively with partner organizations to develop harmonized workplans for zinc scale up in up to four additional countries; 3) to commence the implementation of new private sector zinc/ORS promotion activities in up to four new countries; and 4) to provide TA to USAID Missions and individual country programs, as requested.

Summary of key activities and outputs for Result 3

Activity 3.1 Country assessments, management and work plan development

This activity encompasses work plan development for Child Health funding, the identification of country programs suitable for zinc interventions, conducting assessments of the potential for undertaking private sector zinc programs, and developing country-specific work plans where SHOPS will implement field activities.

Anticipated Year Four outputs

- TA in private sector zinc plus ORS promotion provided, as requested.
- Private sector zinc plus ORS assessments completed, as requested by USAID Missions.
- SHOPS Child Health annual workplan developed and approved by USAID.
- Annual and semi-annual progress reports submitted and approved by USAID.

Accomplishments during this reporting period

The SHOPS annual workplan and semi-annual report were submitted and approved by USAID. The SHOPS Child Health Team has made itself available to provide TA to the SHOPS Market-based Partnerships for Health program in India as they introduce zinc alongside ORS, which is already being marketed by a number of BOP market initiatives, and to the SHOPS Malawi field support program as it works with the private sector to expand access to zinc and continue to encourage the use of ORS.

Activity 3.2 Ghana private sector zinc program

USAID/W core funds and USAID/Ghana co-fund the continuation of the Ghana zinc program and are described in the Activity Three of the Ghana Field Support Section of this annual report.

Activity 3.3 Identification and Start-Up of Private Sector Zinc Programs in Three Additional Countries

Anticipated Year Four outputs

- Three to four new PPPs established in target high prevalence countries.
- Roles and responsibilities of each implementing partner identified.
- Implementation plans developed, agreed upon by all in country partners, and approved by USAID/W.

- Implementation activities, such as consumer and provider market research, baseline surveys, development of supplier partnerships, development of demand creation campaigns, expressions of interest for U.S. Pharmacopeia TA, commenced.

Accomplishments during this reporting period

During the first half of the program year, SHOPS collaborated with CHAI and a consortium of other partners to develop harmonized workplans for implementation of activities to promote zinc through private sector channels in three new countries: Kenya, Nigeria and Uganda. Initial work plans delineated roles and responsibilities for each of the implementing partners and subsequent detailed country workplans outlined a set of interventions to be implemented by SHOPS. These workplans were subsequently approved by USAID/W and activities are underway as detailed below:

Nigeria

In Nigeria, SHOPS is focusing its efforts on 1) training private providers and community pharmacists in the six states targeted under its USAID Associate Award; and in three of those target states (Nasarawa, Abia and Benue), SHOPS is: 2) training all registered Proprietary Patent Medicines Vendors (PPMVs) about zinc + ORS; 3) assuring that appropriate generic demand creation activities are launched targeting both caregivers and providers; and 4) working with zinc manufacturers and importers to support marketing and promotion of these products to increase the volume and reach of their distribution systems into those states.

To date 545,030 zinc treatments have been sold and 594,980 cases of child diarrhea have been treated in Nigeria under SHOPS supported activities

To date, SHOPS has hired a zinc program coordinator, launched zinc/ORS training for private providers and community pharmacists in Lagos, Edo and Abia states as part of the SHOPS MCH trainings and FW Training respectively and, working closely with partners CHAI,

Society for Family Health and the Pharmacists Council of Nigeria, developed a comprehensive national curriculum to train PPMVs about appropriate treatment for diarrhea, pneumonia and malaria management. SHOPS participated in and funded the TOT sessions for this training. In addition, the SHOPS team has fielded two consultants to gather formative information through focus group discussions and individual interviews with caregivers and providers in the three states to inform the development of community mobilization, training and detailing materials. In June, the first PPMV training took place in Nasarawa state with 706 PPMVs completing the training. The SHOPS FP team has also trained 55 community pharmacists and 132 private clinicians in diarrhea management with zinc & ORS as part of their FW training. An RFP was issued in each of the 3 target states to procure the services of community-based organizations to conduct community mobilization activities and initial discussions have been held with community radio stations about airing a SHOPS radio spot on diarrhea management. Proposals have been reviewed and SHOPS is in the final selection process. Memoranda of Understanding have been signed with two local pharmaceutical companies, Olpharm Pharmaceuticals and Chi Pharmaceuticals, Ltd., both of whom have introduced zinc products into the market. Product samples were submitted to US Pharmacopeia for quality testing and, to date, the Olpharm product has met the monograph standards. SHOPS is in the process of awarding a cost-shared grant to Olpharm to expand their marketing activities in the three states. A grant to Chi has been approved by USAID/W with award conditional upon their products meeting US Pharmacopeia monograph standards.

Uganda

In Uganda, SHOPS is focusing primarily on training private sector providers: private pharmacists and their technicians/counter staff and licensed drug shops at the community level. To date, SHOPS has hired a zinc program coordinator and, working closely with CHAI, identified and signed Memoranda of Understanding with key implementing partners: National Drug Authority (NDA) and the Pharmaceutical Society of Uganda (PSU). SHOPS staff have worked with CHAI, NDA and the MOH to develop and finalize a curriculum for training drug shop owners and operators, and are in the process of hiring a set of training consultants who will deliver this training nationwide. The SHOPS team has also been working closely with PSU to outline a program of training for their personnel on several levels, which will be funded through a SHOPS grant to PSU. PSU-managed trainings include: reaching pharmacists through an on-line CME and during presentations at the annual meeting; pharmacy technicians through short course training; and pharmacist interns through short course training. SHOPS developed draft training curriculum for these courses that were reviewed, revised and finalized by the Education Committee of PSU. In June, SHOPS' zinc coordinator delivered the first short course to 69 pharmacist interns in Kampala, targeting over 90% of the pharmacy interns in the country. The online continuing professional development (CPD) tool has also been uploaded and is now available to all the registered pharmacists in Uganda.

Through this partnership, NDA is fast-tracking the registration of new Zinc and ORS products for the Ugandan market. To date there are five registered ORS and three registered Zinc products. These are imported or manufactured by Harleys, Astra, Medipharma, Philips and the Uganda Health Marketing Group. Three additional Zinc products and one additional ORS product are currently in the review process for registration, supplied by Abacus, Gittoes and Harleys.

Kenya

In Kenya, the SHOPS team is working closely with CHAI to disseminate mass media messages focused on providers, develop and print detailing materials, and support the marketing efforts of the local zinc manufacturers by funding CMEs and other zinc promotional activities. SHOPS' staff in Kenya have been working with the partners to select an advertising agency for the overall campaign, working with the selected agency to develop detailing materials, funding the printing of those materials, and conducting initial discussions with local manufacturers, Cosmos Pharmaceuticals, about their marketing plans in preparation for the award of cost-shared marketing grant to them. SHOPS funded the training of detailing teams from Cosmos, Philips and PSI (91 individuals) in May and trained 35 nurse practitioners in the new diarrhea management guidelines in June. In addition, detailing materials prepared by SHOPS have been delivered to 562 providers.

Activity 3.4 Identification and Development of Innovative Partnerships

USAID/W's Center for Accelerating Innovation committed funds to zinc + ORS scale up efforts. SHOPS staff have been working closely with that office to identify opportunities.

Anticipated Year Four outputs

- Concept note submitted to Center for Accelerating Innovation
- Implementation of proposed innovation activities

Accomplishments during this reporting period

A concept note was submitted to and accepted by the Center for Accelerating Innovation for the development of digital training and detailing materials on zinc and ORS for diarrhea management. McCann Global Health Advertising, through its participation in the UN Commission on Lifesaving MCH Medicines, agreed to develop these materials as part of its pro bono contribution to the initiative. Over the past four months, SHOPS has worked closely with CHAI and USAID to review and monitor the development of these products. To date, detailing materials, posters, frequently asked questions for providers and consumers have been completed and are available at www.zinc-ors.org. SHOPS is currently funding country-specific pre-testing of four concepts to be used to frame training and detailing videos focused on appropriate diarrhea management with zinc and ORS. Ultimately all of these materials will be available for use by implementing partners and/or participating pharmaceutical companies in all zinc program countries.

Activity 3.5 Survey of the Availability of UN Commission on Lifesaving MCH Commodities in the Private Sector in SHOPS countries

In June 2013, USAID commissioned the SHOPS Child Health team to conduct a commodity supply analysis of private sector (commercial and NGO) supply chains in five countries with current SHOPS programs and staff: Ghana, Kenya, Malawi, Nigeria, Uganda, and Bangladesh as well as from the public sector in India. This study is being conducted on behalf of the UN Commission on Lifesaving Commodities in order to better understand the supply landscape and the distribution of health commodities as they traverse the value chain. SHOPS staff and consultants are currently collecting information from regulatory agencies, wholesalers, and retailers. Individual country reports will be available in July and August.

V. Field Support

Overview

The SHOPS project is implementing programs with field support in twenty countries. These include Bangladesh, Benin, Bolivia, six countries in the Caribbean Ethiopia, India, Ivory Coast, Jordan, Kenya, Malawi, Namibia, Nigeria, Paraguay, Uganda, and Zambia.

In addition, SHOPS is implementing two separate programs under Associate Awards in Jordan and Nigeria. The Nigeria Associate Award program is absorbing the activities begun under the Nigeria field support program. The Jordan Associate Award is complemented with field support funding.

A review of each of these country programs is included in the following section.

Bangladesh

Overview

In May 2011, USAID requested assistance from SHOPS to assess the constraints and opportunities for increasing the provision of LA/PMs and injectable contraceptives through the private sector (both for-profit and NGO providers). The *Bangladesh Private Sector Assessment of Long Acting and Permanent Family Planning Methods and Injectables* included findings on the capacity, access to training, and attitude toward LA/PMs among for-profit and NGO sector providers, and highlighted issues related to the supply of LA/PMs and injectable commodities available to private sector providers. The assessment provided a set of prioritized recommendations based on a variety of opportunities identified through the stakeholder meetings and literature reviews.

Since November 2011 SHOPS has been implementing a program in Bangladesh focusing on supporting the provision of LA/PMs through the private sector. The SHOPS Bangladesh project is a collaborative initiative between SHOPS, the Mayer Hashi project, and the Social Marketing Company (SMC). This partnership is intended to leverage the relative strengths of each organization and provide for knowledge and responsibility sharing to accomplish objectives important to USAID, the Government of Bangladesh, and the three partners of the initiative. The project has also worked closely with the Obstetrician and Gynecologist Society of Bangladesh (OGSB) and the Directorate General of Family Planning (DGFP) within the MOH.

Summary of key activities and outputs

Product Registration

SHOPS Bangladesh provided extensive support to partner Social Marketing Company and the DGFP in seeking approval from the National Drug Authority to register the IUD and implants donated by USAID for distribution and sale by SMC through the private sector. SHOPS training began in October 2012 when final permission to distribute these commodities to private sector providers was granted. Due to the delay training plan adjusted to train at essentially twice the rate originally planned.



Practicum for implant insertion at a medical college hospital

Partnerships with Private Providers and Private Medical Schools

SHOPS signed MOUs with 35 private hospitals to receive training in LA/PMs, for provision of LA/PMs and for assistance in marketing of these services. Assistance includes TA as well as printed promotional materials. In addition to the private sector facilities, SHOPS Bangladesh is engaging and training 15 private medical colleges and their affiliated hospitals through implementing TOTs as

well as working with the office of the Director of Medical Education, the OGSB, and others to promote an investment by private medical colleges in establishing practicums on LA/PM services in their hospitals. For the TOTs, SHOPS Bangladesh is using AITAM Foundation to lead trainings with private

medical college hospitals and develop and implement a TOT curriculum for obstetricians-gynecologists and nurses. Those trained through these TOTs will provide practicums to the next generation of graduate doctors in LA/PM services. Currently no medical colleges, either public or private, include LA/PMs in the curriculum for the Bachelor of Medicine, Bachelor of Surgery degrees. During this reporting period SHOPS Bangladesh has trained 301 providers and 270 nurses. The trainings consisted of 101 IUD trainings, 120 implant trainings, 81 injectable trainings, 28 nonsurgical vasectomy (NSV) trainings, and three tubectomy trainings. AITAM has also completed 270 trainings for infection prevention and counseling for nurses. Due to a focus on IUD and implants at the start of the trainings, tubectomy trainings are running behind at only 7% completion; however, trainings are expected to be completed by October 2013.

Marketing Initiative

SHOPS Bangladesh coordinated with SMC on the development of marketing materials and led the design of a local marketing strategy for promotion of LA/PMs and facility level promotion of service availability. SHOPS provided input to SMC's development of outdoor sign boards for outdoor and indoor signage in private facilities. SHOPS led the drafting of content while SMC led the design and layout of four method specific (implants, IUDs, NSV, and tubectomy) brochures and leaflets. A total of 27 facilities are currently providing services as well as marketing materials chosen from the marketing menu. Ten of the 27 facilities have developed their own marketing teams to promote LA/PM services with SHOPS Bangladesh providing technical support as needed.

In collaboration with AITAM, SHOPS has recruited and selected Marketing and Community Mobilization Officers (MCMOs). These are experienced community mobilizers who will be based in participating facilities and the surrounding communities to establish and referral networks, coordinate facility based marketing in support of facility's marketing team. During the reporting period, SHOPS placed nine MCMOs. To date the MCMOs have made 12,278 contacts. As more facilities are brought online with the integrated LA/PM model, more MCMOs will be placed. Eventually, private facilities will take on the MCMO to their own employment, as part of the model and their FP service offering. To date two facilities have shown interest in hiring their current MCMO. These MCMOs coordinate a team of 35 community volunteers as FP service promoters. During Year Two of SHOPS Bangladesh the FP service promoters completed maps of catchment areas as well as a referral scheme for Dhaka and Chittagong. These maps include community resources active with women or reproductive health age in each facility's catchment area such as pharmacies, small clinics and private chambers, youth groups, community level NGOs, and others.

Business Management and Record Keeping

SHOPS Bangladesh led the completion of the design and development of printed record keeping and reporting forms tailored for private sector use. These forms are incorporated into the training activities to ensure that facilities are able to use these forms immediately upon completion of their trainings as they start providing services. These forms include a performance register, monthly performance reporting form, referral of complications, and a client card for IUDs, implants, NSV, and TL. These forms are important to maintain consistency during QA visits to facilities and providers.

In addition to completing the record keeping and reporting forms, SHOPS Bangladesh led the completion of the FP compliance plan initiated by Mayer Hashi. The plan integrates compliance measures with a QA system with the intention of institutionalizing both into each private sector

facility participating in the trainings. The FP compliance plan was finalized and approved by USAID in November 2012.

SHOPS Bangladesh is continuing to provide orientations to participating facilities and providers on key issues important to preparing facility management and ownership for the challenges of managing an integrated service model as a sustainable addition to their existing service markets. To date 23 business enabling workshops have been implemented. The expected completion date for these workshops is January 2013.

Quality of Care

To ensure quality among facilities trained, SHOPS developed an integrated QA strategy in consultation with partner Mayer Hashi project, the OGSB, and the DGFP. This strategy is currently being applied to all facilities participating in project activities. This strategy will build on the existing QA systems and protocols that are currently in use at all large-scale facilities, with the intention of each facility eventually institutionalizing it as its own system while remaining compliant with USAID FP regulations. To ensure that the SHOPS Bangladesh team is able to appropriately monitor and enforce trainings in QA, SHOPS Bangladesh staff have completed the USAID online course on USG FP compliance rules and regulations.



Business enabling workshop session

Benin

Overview

In mid-2012, SHOPS was contacted by the USAID/Benin field office to conduct a PSA. Results of the PSA would assist USAID and other stakeholders in developing a strategy for further engagement of the private sector in Benin. The strategy would complement and augment current efforts within the public and private sectors with a focus on FP, MCH, urban populations (particular the urban poor), and existing service provider networks. The PSA focused on five major components: determining the size, scope, and scale of private sector providers in Benin; assessing the policy and regulatory environment for private provision of health products and services; assessing financing needs of private health sector businesses; and identifying opportunities to increase access to private sector health financing options.

Summary of key activities and outputs

Conduct a PSA

In October/November SHOPS staff conducted the PSA which was disseminated in May 2013. Recommendations from the assessment include growing the formal private sector by streamlining registration and licensing processes for businesses and supporting provider networks; strengthening the role of the private sector at the national policy level and through advocacy groups; streamlining registration and licensing processes for pharmaceutical businesses and products; improving access to finance and business capacity of providers; and fostering the growth of private sector health financing mechanisms.

Specifically, the assessment recommends the government and MOH remove obstacles to private sector clinics becoming high-volume, high-quality, low unit cost facilities; strengthen the family planning programs of nongovernmental organizations; build advocacy capacity of the provider associations; clarify the regulatory and service provision roles of associations; set up quality standards and QA systems; and use access to finance as an incentive.

In September 2013 SHOPS will hold a dissemination event in Benin in order to publicize the findings and recommendations of the PSA.

Carry out private sector mapping exercise

During the reporting period, SHOPS moved forward with the private health sector mapping exercise to help government and partners better understand the extent of private provision of health services in Benin. Between March and May 2013, SHOPS reworked the mapping exercise's original concept note, scope of work, and budget to fit new parameters suggested by USAID/Benin. In June 2013, SHOPS staff travelled to Benin to glean stakeholder and client expectations of the exercise, and to interview potential firms to carry out data collection.

In the next reporting period, SHOPS intends to finalize and release the RFA for the mapping exercise, collect and review bids, select a research firm, and monitor data collection, which is expected to take place between October and December 2013.

Bolivia

Overview

USAID/Bolivia allocated \$900,000 to SHOPS in order to implement a work plan slated to span from October 1st 2012 to March 2014, focusing on the following activities:

- Improve the Social Marketing Program's Financial Management and M&E capacities
- Expand the range of products offered by the Social Marketing Program

Due to the Bolivian Government's request for USAID to leave the country, on May 1st, 2013, the SHOPS Bolivia project closed its activities before the scheduled project end date. All technical activities ceased on May 3rd, 2013, and close-out of administrative activities was near completion by the end of Year Four.

SHOPS activities were aimed at supporting ProSalud's social marketing program and preparing the program for long-term sustainability. Activities' implementation started in early October, 2012

Results in the different program areas are presented below.

Summary of key activities and outputs

Improve the Social Marketing Program's financial management capacities

SHOPS began work under this sub-result in early April 2013, during which Senior Technical Staff from Abt's Home Office and a local financial management consultant met with the Social Marketing Program (PROMESO) and ProSalud team and refined activities that were to be developed over the course of the project in Bolivia.

A local consultant also started working on a qualitative analysis of ProSalud's revolving fund, and those findings were to be integrated in a larger management plan to be delivered to the organization at the end of the project. The consultant completed the analysis of the fund on April 30, 2013 and delivered it to ProSalud, including substantive recommendations to improve the fund's cash management and investment strategy.

Improve the Social Marketing Program's M&E capacities

During the early first phase of the program, emphasis was put on assessing the Social Marketing Program's M&E plan and the systems currently in place. An M&E specialist for SHOPS conducted two trips (January and March 2013) in order to evaluate the M&E situation, finalize the PROMESO results framework and set of indicators, and start designing a system and tools for streamlined collection, consolidation, analysis, and use of data.

At the end of April 2013, the list of more than 60 indicators in the results framework was reduced by the team and USAID to a list of 24 indicators with their respective reference sheets and with a clear idea of the use of each indicator for the NGO. The Social Marketing Program M&E framework was delivered to ProSalud on May 3rd, 2013.

Expand the range of products offered by the Social Marketing Program

In November and December 2012, SHOPS provided technical assistance to PROMESO in negotiating with a generic drug manufacturer to obtain a competitive price for an oral

contraceptive. As part of this assistance, SHOPS conducted a global referential pricing analysis. This research allowed ProSalud to negotiate a 27+% price reduction, making the product more competitive in the local market and therefore more sustainable. The final contract was signed in February, 2013. SHOPS also provided support in conducting a study to determine the best name for ProSalud's own soon-to-be-created brand (DIFEM 28). SHOPS was going to further help develop a branding and marketing strategy for this new product over the next period.

SHOPS also completed a draft research protocol for a market research study on hormonal contraceptives. The study was intended to collect and analyze qualitative and quantitative data to characterize the hormonal contraceptive market and to identify new opportunities for ProSalud products. The study would have had three parts: a pharmacist survey to look at the presence of ProSalud's and competitors' products in private and municipal pharmacies; a survey of doctors to determine their perceptions and the frequency with which they prescribe ProSalud's and other hormonal contraceptives; and focus group interviews to determine the public's perception and use of hormonal contraceptives.

Overview

As a part of the Regional HIV and AIDS Partnership Framework, USAID/Eastern Caribbean asked SHOPS to identify and support opportunities to strengthen private sector contributions to health in six Organization of Eastern Caribbean States (OECS) countries: Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, and St. Vincent and the Grenadines. An initial step in this process was conducting joint health systems and private sector assessments, in collaboration with Health Systems 20/20 (HS 20/20), to identify existing strengths and weaknesses within each health systems. These assessments were completed and the findings were validated in early 2012. SHOPS is now using these findings to provide targeted TA to advance knowledge about the current and potential role of the private sector in supporting health systems and national HIV responses, as well as developing or strengthening partnerships and the overall participation of the private sector in achieving in national health outcomes.

Summary of key activities and outputs

Mapping of private sector resources for health conducted in four OECS countries

The joint health systems and private sector assessments revealed that a formal registry of private health providers does not exist in most of the OECS countries, indicating that the actual size and scope of the private health sector is largely unknown. In response to this finding, the ministries of health in Antigua and Barbuda, Dominica, St. Kitts and Nevis, and St. Vincent and the Grenadines formally requested assistance in identifying available private sector health resources. To that end, SHOPS conducted a ‘mapping’ of private sector resources for health in each country. The mappings identified private health providers (including for-profit and not-for-profit entities) currently offering health services, with a focus on HIV/AIDS. Information was collected from private health offices, pharmacies, dentists, laboratories, diagnostic facilities, and non-governmental organizations providing health services to gather basic information, including address and hours of operation, human resources and the availability of specific services, equipment, and pharmaceuticals at each location. Information gathered during these exercises was then compiled into a national private provider registry (Access database) for use by the MOHs and health related professional associations. SHOPS achieved a response rate of over 80 percent of identified private providers in each country.

Microsoft Access database and findings from mapping of private sector resources for health disseminated in four OECS countries

Findings from the mapping of private sector resources for health conducted in Antigua and Barbuda, Dominica, St. Kitts and Nevis, and St. Vincent and the Grenadines were consolidated into individual country reports and presented to public and private sector stakeholders in each country. Detailed information on each dissemination event is as follows:

Antigua and Barbuda

Findings were presented to roughly 40 stakeholders, from the public and private health sector, at a meeting to launch the Antigua and Barbuda Public and Private Health Sector Task Force. After the presentation, SHOPS met with the MOH Health Information Division (HID) to further discuss the findings and to review the reports generated from the Microsoft Access database. Per requests from the HID, modifications were also made to allow for entry of public sector resources for health so that the database can

house information on health care resources from both sectors in Antigua and Barbuda. These revisions were completed and the final database was submitted to the MOH in December 2012. Following the completion of the database, the HID has received additional training on using and modifying data entries as in the process of making the findings available on line.

St. Kitts and Nevis

Thirty stakeholders, from the public and private health sector met to discuss findings and next steps stemming from the mapping exercise in St. Kitts and Nevis. Opening remarks were provided by the Honorable Marcella Liburd, St. Kitts Minister of Health, and Dr. Larry Palmer, United States Ambassador to Barbados and the Eastern Caribbean. Mr. Dan Smolka, USAID Mission Director for the region, was also in attendance. Participants noted that the findings and database should be made available to everyone in St. Kitts and Nevis for regular use. To this end, SHOPS is collaborating with the Department of Information Technology to create a platform that makes the database viewable to everyone through the Government of St. Kitts and Nevis' website, though only MOH staff can modify the entries.

Dominica

Roughly 20 stakeholders from the public, private for-profit and private not-for-profit sectors gathered for a presentation of the findings, a brief tutorial on the mapping database, and a facilitated discussion on next steps and potential partnerships. During this meeting the National AIDS Program requested that SHOPS develop a report of private providers of HIV and AIDS counseling and/or testing services to be contacted for follow-up training on national protocols. SHOPS has since made that report available to all four countries and provided updated databases to each MOH. This meeting was followed by an in-depth training with the MOH's Health Information Unit on the use of the Access database, including viewing/adding/editing entries and retrieving reports.

St. Vincent and the Grenadines

Findings were presented to roughly 25 stakeholders from the public and private health sector at a two-hour meeting. Participants noted a desire to convene more meetings to discuss partnership opportunities and fill existing service delivery gaps. Questions were raised about the possibility of modifying the mapping database to include credentials of practitioners and specialists. To that end, SHOPS is working with Ms. Lisa Llewelyn, Health Coordinator in the Health Information Systems Division of the Ministry of Health and Environment, to explore options for linking the mapping database with a document developed in-country linking nurses and doctors with their respective licensing credentials.

Participants at each dissemination event noted a desire to make the mapping information available on-line for ease of viewing. SHOPS is working with the technical support teams in each country to identify the best way forward, including adding the database as a link or drop-box on existing ministry websites. SHOPS also reached out to all mapped provider facilities, roughly 200 in total, notifying them of our intent to publish their information and requesting them to send an email if they chose to 'opt-out.' A minimum of three phone call attempts were made to contact individuals without a valid email address. Ultimately, only four facilities chose to opt-out of this process.

Development of Public-Private Health Sector Forum in Antigua and Barbuda

SHOPS brought together over 40 key stakeholders from the public and private health sectors to facilitate the first meeting of a public and private health sector forum in November 2012. SHOPS worked with stakeholders to develop mutually agreed upon terms of reference and a priority list of agenda items for the group moving forward. The group determined that the forum would be titled the “Private and Public Health Sector Task Force” and that an early goal would be to achieve formal recognition and authority for the group via a decision of the Cabinet of Ministers. A small technical working group was established to work on issues related to health information systems to improve data collection and information sharing among the public and private sectors, particularly related to HIV/AIDS information. With SHOPS’ support, the TWG developed six priority activities for improving health information compiling and sharing and presented them at the second SHOPS-facilitated Task Force meeting in May 2013. The result was a Task Force decision to pursue an e-health reporting activity that is similar to and builds upon the lessons learned in Dominica and seeks to establish a routine reporting mechanism for public and private sector providers that gathers data on communicable disease, including HIV and AIDS. The second meeting also saw the formal approval of the Task Force’s proposed Terms of Reference and the creation of an additional TWG to help address the issue of private health sector facility regulation.

mHealth pilot completed in Dominica

SHOPS completed a seven month mobile data collection pilot in partnership with the Dominica MOH’s Health Information Unit (HIU). A partnership was also reached with regional mobile operator LIME in which LIME Dominica has agreed to provide technical and financial support for the pilot with the goal of regional replication. During the pilot, frontline clinical providers reported weekly on communicable diseases through their personal mobile phones or computers. A total of 26 pilot participants enrolled, including seven Type 3 District Health Offices, seven Type 1 public community clinics, the infectious control nurse at Princess Margaret Hospital, and 11 private providers. Participants sent weekly reports on 12 syndromes related to communicable diseases such as fevers and rashes, as well as confirmed HIV diagnoses. Options for sending the data included an interactive voice response system, a phone-based form, a simple text message, or via the web from a computer. Participants submitting data receive instant reply messages with current disease outbreaks and health threats in the country.

In the latter part of the pilot, SHOPS staff interviewed participants to get feedback on their experience with the platform. Participants expressed satisfaction with the SMS process, reported some occasions of technical problems, and indicated that it was not a problem to pay for a single text message each week. SHOPS had developed its platform using Datadyne’s Episurveyor software, which is subject to annual license fees. The SHOPS team identified an alternative platform using a suite of open source applications recently on the market that delivered improved functionality. Towards the end of Year Four, SHOPS transitioned the reporting platform to the new software and purchased an Android phone to connect to the HIU laptop; the HIU is now operating the new platform. A final report of findings and lessons learned will be available in Q1 of Year Five.

South-to-South Collaboration Facilitated between Antigua and Barbuda and St. Kitts and Nevis

Following the presentation of findings from the mapping of private sector resources for health in St. Kitts and Nevis, SHOPS met with the National HIV/AIDS Program in St. Kitts to discuss potential TA opportunities. Discussions revealed a serious issue with lack of treatment adherence among PLHIV in St. Kitts and Nevis. In response, SHOPS agreed to facilitate a partnership between the National AIDS Program of St. Kitts and the Antigua and Barbuda HIV/AIDS Network, an NGO that provides psychosocial support to PLHIV throughout Antigua and Barbuda. To begin, SHOPS sponsored a study tour for Ms. Gardenia Richardson, National HIV/AIDS Program Coordinator of St. Kitts, to travel to Antigua and Barbuda and observe the day-to-day operations of the Antigua and Barbuda HIV/AIDS Network (ABHAN). The goal of Ms. Richardson's trip was to identify priority components of the program to replicate in St. Kitts. Ultimately, it was determined that the preliminary phase of program replication will include the development of a peer support group for PLHIV in St. Kitts and Nevis and a buddy program that links PLHIV with international medical school volunteers to promote greater treatment adherence and provide psychosocial support. Windsor University in St. Kitts is the likely partner in this endeavor. Following Ms. Richardson's return, SHOPS facilitated several conversations between ABHAN and the National AIDS Program to begin the process of program implementation, which is slated to begin in earnest in Q1.

Virtual Community of Practice Design-Phase Initiated

SHOPS began designing a community of practice that seeks to bring together public and private health professionals across the region. SHOPS identified key functionalities for the community, formally named the *virtual Caribbean Health Connection* (vCHC), which include: technical exchanges; on-line chats; e-newsletters; shared calendar of events, activities, and visiting medical specialists; membership database; and virtual TA to support country and regional partnerships in health. In an effort to promote sustainability, SHOPS has engaged key regional stakeholders as partners in the design, development, roll-out and maintenance of the community. The core design team currently includes: SHOPS, the Medical Association of Jamaica, Caribbean Association of Pharmacists, Caribbean Broadcast Media Partnership against HIV/AIDS, Caribbean Health Leadership Institute, and the Insurance Association of the Caribbean.

Major accomplishments to date include the development of a preliminary membership strategy, agreement on COP functionality and hosting platform, identification of marketing opportunities and the creation of a branding strategy, including agreement among the core design team of a look and feel which best symbolizes the mission and vision of the vCHC. A proposal was also submitted and subsequently accepted for SHOPS to present the vCHC at the Caribbean HIV/AIDS Regional Training Network/Caribbean Cytometry & Analytical Society/ Caribbean MedLabs Foundation 2nd Joint Meeting in Nassau, Bahamas between August 25 -29, 2013. This HIV specific conference attracts healthcare providers of all cadres (doctors, nurses, pharmacists, midwives, laboratory technicians, herbalists, etc.), and will provide an opportunity to promote and recruit members in advance of the actual launch. SHOPS is in the process of designing a poster for the accepted abstract, in addition to other promotional items.

SHOPS is also in the process of reaching out to corporate sponsors, and it is anticipated that a successful MOU can be entered into with regional telecom LIME or Digicel, which could result in practitioners being able to contact other in-network colleagues at a negligible cost. Discussions are in the preliminary stage with both telecommunication providers and it is anticipated that a COP launch event would align with a major regional event of the corporate

sponsor. Targeted markets of the telecoms include Jamaica, Trinidad and Tobago, Barbados and the OECS.

Scan of Private Health Insurance Industry Conducted in Grenada

SHOPS conducted a health insurance scan in Grenada to provide the MOH with vital information about the type of coverage and premiums that currently exist through voluntary or work-related insurance and to help the MOH formulate a national health insurance scheme. Data collection was completed in February and included information on the organizational structure, types of health insurance products available, sales and marketing approaches, claims management structure and health services providers' networks in Grenada. The report was submitted to the Grenada MOH in Q4 and discusses questions around the number of people covered by private health insurance, types of health insurance available, and opportunities and challenges for partnering with the private health insurance sector to complement the development of a National Health Insurance program. Representatives from the MOH are in the process of reviewing the report.

Support for National Consultation on Health in Grenada

SHOPS provided support for the MOH in Grenada to conduct a national consultation on July 19, 2012 to prepare for the development of a new Five-Year National Strategic Plan for Health. The consultation sought to provide an overview of the current health situation in Grenada, identify challenges and opportunities to health and wellness, and solicit feedback and recommendations from an estimated 150 stakeholders from public and private sectors on the way forward in advance of strategic plan development. SHOPS provided financial support to cover venue, catering, and communication costs at the event and worked with the MOH to foster active private sector participation in the process. Efforts were also made to encourage integration of the recently developed National Strategic Plan for HIV/AIDS into the larger National Health Plan at the meeting.

Ethiopia

Overview

In October 2012, USAID/Ethiopia requested that the SHOPS provide assistance in expanding access to finance and strengthening private health providers' business skills in support of lending to the private health sector through two banks that are participating in a health sector DCA guarantee. Under this \$13.4 million DCA, USAID will share risk with Bank of Abyssinia and NIB International Bank to stimulate lending to private providers of HIV/AIDS and TB services. This DCA is the first to be funded by PEPFAR.

SHOPS will focus on three key areas of intervention:

- Strengthening business skills and bankability of private health providers;
- Providing TA to banks to increase lending to the private health sector; and
- Facilitating market linkages for banks and health providers.

To complement the lending activities, SHOPS will also implement the Health Enterprise Fund, a challenge fund that aims to uncover innovative and replicable solutions that address critical health priorities in Ethiopia. The challenge fund activities will take place in three phases: raising awareness of the fund and encouraging eligible enterprises to apply; selection of award recipients and award disbursement; and provision of TA, M&E, and knowledge management.

Summary of key activities and outputs

SHOPS's work plan was formally approved by USAID/Ethiopia in February 2013. SHOPS finalized the set-up of the in-country project office and a three-member local team officially started work in March 2013. At the end of June 2013, two DCA loans have been disbursed for a total amount of USD 178,428.¹ Both loans are for the expansion of an existing facility and purchase of new equipment.

Support to Health Providers to Strengthen Business Skills and Improve Bankability Training

SHOPS developed a two-day training course entitled Access to Finance and Preparing a Feasibility Study for a Loan Application to help private health providers learn about the truths and myths behind borrowing, financing options, loan eligibility criteria, application requirements, and receive guidance on how to prepare a feasibility study for their loan application. On April 3-4, 2013, SHOPS organized a two-day TOT in Addis Ababa for representatives of five local training institutions. The TOT was followed by a pilot practicum training on April 6-7. In May and June 2013, SHOPS staff organized two additional sessions of the course in Addis and Bahir Dar. A total of 23 providers were trained during this period. A third session is planned for Mekele in July 2013.

¹ The total loan amount disbursed was \$315,000, however of this amount, about \$137,000 went towards buying out an existing loan with another bank so does not qualify for coverage under the DCA, hence the total amount reported on the PMP is \$178,428.

To ensure that the course is being disseminated widely in different regions of Ethiopia, SHOPS plans to outsource the delivery of the course to local training firms. A request for bids was issued in May 2013 and SHOPS staff is in the process of reviewing proposals and selecting the final candidates. Agreements are expected to be signed with two firms and the roll-out of the course will begin in September.

SHOPS has developed a template for a simple standardized feasibility study to be used in loan applications. Staff are reviewing and providing comments on business plans that were submitted to Serengeti (the previous technical assistance firm) and also receiving new applications as a result of the training workshops. As of June 2013, SHOPS has submitted nine loan applications totaling USD 1.97 million. In addition, there are eight loan applications being finalized by providers for submission, and another 14 applications under review by SHOPS staff. Overall, a total of 29 providers have received counseling from SHOPS staff during this period.



Technical Assistance to Banks to Increase Health Sector Lending Training

The DCA partner banks requested SHOPS' support to increase their knowledge of international experience in small and medium enterprises and specialized lending. SHOPS identified a one-week training on small and medium enterprises lending organized by the Frankfurt School of Finance and Management for senior managers and executives of banks in emerging market countries. The course covers risk and financial management, product development, and leading for results. The course takes place from July 7-12, 2013. SHOPS will cover the costs of two representatives from each partner bank, as well as the SHOPS Bank Advisor.

SHOPS plans to offer targeted training to partner bank loan officers and branch managers on how to effectively work with health care businesses. In August-September, SHOPS will conduct a needs assessment to determine the type of knowledge, skills, and capabilities that are needed by bank staff prior to developing materials and setting a training schedule.

Utilization of the health DCA remains low, with only two loans approved at the end of June. While both banks face liquidity constraints, it is clear that the health sector is not a priority target market for these financial institutions. Bank of Abyssinia has been more responsive and engaged than Nib Bank. SHOPS will continue to assist banks in developing a loan pipeline, and to have regular communication and visits with the banks to expedite the loan approval and disbursement process.

Increasing Market Linkages between Banks and Health Providers

SHOPS plans to organize a trade fair in the latter half of 2013 or early 2014 and will be opportunistic in linking financial institutions to key stakeholders such as equipment providers, pharmaceutical and medical product distributors, local health officials, and associations. The project will coordinate with other bilateral projects such as the Private Sector Health Program Project and key health associations in the planning of this event.

Support Health Providers through the HANSHEP Health Enterprise Fund

During the reporting period, the SHOPS project publicly launched the HANSHEP Health Enterprise Fund (HHEF) (www.healthenterprise fund.org). From the launch in January through the end of March, SHOPS collected short applications for funding to determine an organization's eligibility prior to requesting a full-length application. During that period, Colm Fay traveled to Ethiopia to meet with potential applicants and organizations that would be able to identify applicants. SHOPS received 28 short applications from organizations in Ethiopia. Of those 28, 13 organizations were eligible to submit a full-length application based on their adherence to the eligibility requirements, which were made clear on the HHEF website and the application short form.

In May, the HHEF received 13 full-length applications from organizations in Ethiopia (some of whom submitted more than one application for different ideas), which were then reviewed by an Ethiopian selection committee as described earlier in this report (see section 3.1.1).



To prepare for the expo event held on June 22, 2013 in Nairobi (see section 3.1.1), SHOPS held a workshop in Ethiopia, attended by seven of the shortlisted candidates to learn about and practice making a pitch. The Nairobi expo event allowed the Ethiopian applicants to experience the standard of entrepreneurship and professionalism exhibited by their Kenyan counterparts, and provided a good opportunity to raise the profile of Ethiopia as an investment

location among investors that do not currently have a strong presence there.

As noted earlier (see section 3.1.1), applications shortlisted by the selection committee will proceed through contractual due diligence steps during July 2013. It is anticipated that grant disbursement will begin in early August following USAID approval of the grant agreements. Awards will be formally announced at an event in Addis Ababa where invitees will include representatives from the USAID Mission, DFID, Government of Ethiopia, international agencies and organizations working in the health sector, and other representatives of the private health sector in Ethiopia.

Ghana

Overview

In September 2011, the USAID Mission to Ghana invited the SHOPS project to initiate a program to promote the introduction of zinc for treatment of pediatric diarrheas through private sector channels. In its first year of operation the program successfully reached 8,279 licensed chemical sellers (LCS) and shop assistants, 1,652 pharmacists, 156 private clinical practitioners, and 155 private midwives in Ghana with training on zinc for the management of acute diarrhea in children and related appropriate counseling practices.

Building on the success of this program, the USAID Mission requested that in its second year SHOPS embark on an expanded program to strengthen the capacity of these LCS to provide a broader range of good dispensing and counseling services, case management and appropriate referral practices in the areas of FP, and malaria case management..

The overall goal of the SHOPS program is to expand access to appropriate health care and treatment through private sector channels. The specific objectives of the SHOPS program in Ghana during FY13 are to:

- Strengthen the capacity of licensed chemical sellers to obtain National Health Insurance Authority (NHIA) accreditation to enhance access to medicines for National Health Insurance Scheme (NHIS) subscribers., manage NHIA reimbursements, and benefit from increased or more stable flow of funds to improve consistent access to information and medication that support USAID health programs;
- Improve diagnosis, treatment, dispensing, counseling, and referral practices of LCS staff for diarrhea, malaria, and FP; and
- Ensure access to zinc products for the management of diarrhea by partnering with the private sector

Summary of key activities and outputs

Encouraging Licensed Chemical Sellers to attain National Health Insurance Authority Accreditation

In July 2012, SHOPS conducted an assessment of the need and options for accrediting pharmacies and LCS with the NHIA to expand access to underserved areas with insufficient numbers of service providers. Currently, pharmacies and LCS may apply for NHIA accreditation and if they meet NHIA requirements they are authorized to provide services to NHIS registered patients and seek reimbursement through the NHIS system. However, majority of the providers in these areas are not accredited due to a variety of factors including delayed reimbursement for services provided, lack of understanding of the accreditation requirements, high accreditation fees, etc. Based on this assessment SHOPS has developed and begun implementation of a set of activities to support these private businesses to attain NHIS accreditation.

In partnership with the NHIA, SHOPS has developed a half day training program aimed at promoting NHIA accreditation among LCS to be carried out by the Ghana Pharmacy Council. In May 2013 Pharmacy Council trainers were trained in NHIA accreditation background and technical specifics and in June were also provided with training in participatory methods. The

roll out of the NHIA accreditation training began in mid-June 2013 and to date a total of 815 LCS have been trained in Ashanti (440) and Brong Ahafo (375). In addition, the SHOPS project has recruited, vetted, and selected 13 consultants to deliver one-on-one technical assistance in the accreditation process. Beginning in July these consultants will deliver technical assistance to LCS that have completed the half-day training and willing to apply for NHIA accreditation.

Increasing capacity of LCS to provide quality health services

Given the vital role LCS play in the provision of health services in Ghana, SHOPS is implementing a number of activities aimed at building the capacity of LCS to offer quality services to their clients. These activities include training programs for LCS in Good Dispensing Practices, short-acting FP methods, diarrhea management, and malaria. SHOPS is working closely with the Pharmacy Council through a grant agreement to directly implement these activities in the following regions: Ashanti, Brong Ahafo, Central, and Western. The Pharmacy Council will, on its own, roll out the training to reach LCS in the other regions of the country as participation in training programs/Continuous Medical Education is a requirement for re-licensure.

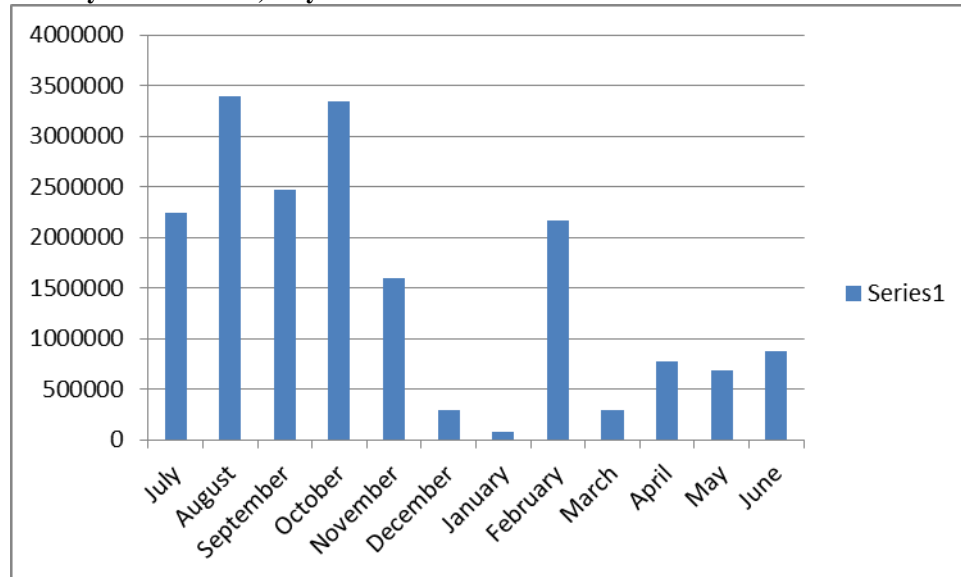
Under the leadership of the Family Health Division of the Ghana Health Service, SHOPS has developed a Handbook for Community-Based FP Providers. In addition, in partnership with the Ghana Pharmacy Council, SHOPS developed a training manual on good dispensing practices and counseling for LCS. In May 2013, SHOPS trained 28 Pharmacy Council trainers to carry out a nationwide FP and Good Dispensing Practices training for LCS scheduled to begin in late July 2013. In addition SHOPS collaborated with the National Malaria Control Program in the development of a checklist for supportive supervision of malaria case management to LCS and has trained 28 Pharmacy Council inspectors to provide supportive supervision during their routine scheduled inspections.

Ensuring Access to Zinc Products by Partnering with the Private Sector

SHOPS continues to implement its program to enhance the ability of the private sector in Ghana to deliver quality diarrhea management services to families with children under five years. Now in its second year of operation, the program is focusing on the following key activities: partnership with pharmaceutical manufacturers, enhancing awareness through behavior change communication (BCC), sensitizing private sector providers, and training of community-based sales agents.

SHOPS renewed its successful cost-share partnership with M&G Pharmaceuticals to further catalyze brand promotion activities for their zinc product (ZinTab), which is available in 10 mg and 20 mg formulations, and ensure their distribution systems are effectively reaching all urban and peri-urban areas in the three target regions. In March 2013 SHOPS organized a training session for the sales teams of M&G's wholesalers and distributors nationwide to ensure consistency in ORS and zinc messaging and effective and efficient distribution. A total of 70 salesmen and women were trained. From July 2012 through June 2013, a total of 18,223,400 ZinTab tablets or 1.32 million cases of diarrhea of children under five were treated in the private sector.

Figure 3: Monthly ZinTab Sales, July 2012-June 2013



SHOPS has also obtained approval for a grant to LaGray Chemicals for promotion and distribution of their Pedazin product. Phyto-Riker, another local pharmaceutical manufacturer, has successfully developed a dispersible zinc tablet, with technical assistance from US Pharmacopeia, facilitated by the SHOPS project, which is currently undergoing registration with Food and Drugs Administration, Ghana.

The second phase of a nationwide mass media campaign for the promotion of zinc plus ORS, developed in partnership with the USAID bilateral Behavioural Change Support Project, was launched in June 2013. Campaign materials include: a radio and TV spot, poster, T-Shirts, a diarrhea leaflet, stickers and badges. Below is a revised poster for the campaign (which now includes dosage information).



SHOPS developed training curricula for each cadre of health provider in partnership with professional associations, the Ghana Health Service and the Pharmacy Council. SHOPS then conducted TOT for trainers from each of these groups Beginning in January 2013 SHOPS collaborated with the Community Pharmacist Practice Association to train approximately 1,000

auxiliary pharmacy staff on diarrhea management with ORS and zinc. Zinc refresher training for LCS and pharmacy technicians will commence in July, in conjunction with the FP counseling training.

SHOPS has renewed grants with two partner NGOs (Health Keepers and Precision Development Xperts) that sponsor and supervise community agents selling baskets of health products, including ORS, in rural areas. These funds are being used to conduct road shows, community drama, market day events, and/or promotion of zinc use during Child Health Week or festivals. As of December 2012, Health Keepers had trained 85 community mobilizers on diarrhea management and Precision Development Xperts had trained 15. In total, these NGOs reached approximately, 500,000 people in 300 communities with information on diarrhea management using ORS and zinc.

Analysis of a baseline household survey on the diarrhea management knowledge, attitudes, and practices of 750 caregivers of children under five was completed in July 2012. Results showed that antibiotics/antimicrobials are the most common diarrhea treatment given by caregivers (66%) followed by ORT/ORS (38%). Only 7% of children with diarrhea were not given any treatment. Overall, caregivers have a high level of knowledge about diarrhea causes, but a low opinion of threat severity and lack of knowledge about proper treatment.

Analysis from a randomized controlled trial focused on alternative methods of influencing provider behaviors relating to prescription of zinc and ORT/ORS was completed in the late 2013. A total of 1,935 licensed chemical sellers and shop assistants in the Greater Accra, Central and Western regions were randomly selected to participate in the first phase of training run by the Pharmacy Council. Out of these, 477 providers were randomly selected to receive text message reminders over an 8 week period. Provider and mystery client surveys were then administered to evaluate the impact of the training and mobile reminders on provider behavior. This research found that 67% of respondents in the mystery client survey prescribed zinc and ORS to their clients, although in the individual interviews, 80% of the LCS reported that zinc and ORS were the recommended first line treatment. Co-prescription of antibiotics remains high at about 49%. There were statistically significant differences between intervention (received an SMS reminder) and control groups (training only): The intervention group was more likely to a) provide counseling to the caregiver (6% difference); and b) name ORS/Zinc as their top treatment choice (6% difference); and less likely to mention antibiotics as their top treatment choice (6% difference).

India

Overview

The objective of the SHOPS India project is to refine and scale up the five market-based models originally designed and piloted under the previous PSP-*One* and Market Based Partnerships for Health projects (MBPH). These include: 1. The DIMPA model, 2. The eChopal Rural Health Initiative Model, 3. The PharmaSynth partnership for child health, 4. The Partnership for **Increasing Access and Awareness for Advanced Cook Stoves (ACS)**, and the 5. **PPP for TB control**.

The project is funded through field support from USAID India for 27 months from June 2012 through September 2014. The work plan was submitted in May 2012 and SHOPS, USAID India and USAID Washington had an extended process of negotiation about the partnerships and plans for the different models. After revising activities and the number of models and their district coverage, the work plan was finalized in December 2012.

Summary of key activities and outputs

Dimpa: Expanding access to and demand for injectable contraceptives through the private sector and advocating for expanded contraceptive choices.

Dimpa is a network of private health care providers created by the MBPH Project to increase access to and demand for depot medroxy progesterone acetate (DMPA)—a trimonthly injectable contraceptive. The network of nearly 1,600 private clinics aims to widen the mix of contraceptive choices to increase FP method adoption rates. SHOPS is in the process of reinitiating contact with network providers and chemists as the first step in re-starting the model. The team has been refining the marketing plan for DIMPA, to streamline the materials and placement and realign community level activities to be manageable by the new project staffing arrangement of area managers. To date the project has increased its number of service delivery points/clinics from 1200 to 1359 and identified 80 new providers to replace low contributors.

In 2011, the project created a careline to answer users' questions about DMPA and remind them about their next injection. SHOPS plans to scale up the helpline to increase demand for FP products and services as the Dimpa network grows, and plans to conduct a randomized controlled trial to evaluate the effect of counseling by phone.

eChoupal Rural Health Initiative: Demonstrating a commercially sustainable rural health model for public health products and services.

The eChoupal Rural Health Initiative addresses the lack of access to quality health information and products in rural India through the use of health entrepreneurs that reach deep into communities. SHOPS partners with the agribusiness division of one of India's largest companies, ITC, and several other large consumer product manufacturers. In the model, two elements were added to ITC's eChoupal network to enable promotion and distribution of health products: a team of Village Health Champions (VHCs) who are community-based health entrepreneurs that promote and sell health products directly to the community and earn revenues from the sales of the products and Channel Health Champions (CHCs) who are ITC employees that coordinate, mentor, and support the VHCs. ITC's eChoupal network employs over 6500 VHCs.

During the reporting period SHOPS India assisted ITC in operationalizing four additional eChoupal hubs in the state of Uttar Pradesh, increasing the number of total operational hubs to six. To operationalize the four hubs, SHOPS India helped ITC recruit four additional CHCs and another 210 VHCs. To better mainstream the initiative SHOPS India supported ITC in orienting ITC staff on the health initiative and finalize performance metrics of ITC staff. The rural health initiative will now be reviewed every quarter by ITC's Divisional Management Committee along with the division's other activities/initiatives.

SHOPS India has reinitiated the partnership with ITC partnerships with the health product partners whose products are sold through the model - including Pfizer, JK Ansell, Royal Hygiene, Vision Spring and Ranbaxy selling oral contraceptive pills, condoms, sanitary napkins, reading glasses and nutritional supplements. To identify the need for new products SHOPS carried out in-depth interviews with consumers and retail surveys to better understand their target market. Using this data SHOPS helped ITC prepare a list of potential products that could be considered for inclusion in the VHC product basket. SHOPS currently still supports ITC in negotiating new commercial structures with potential partners by conducting a partnership pitch, simulating cost/revenue models to examine commercial viability, and leading closing discussions on MOUs. To date SHOPS has helped ITC conclude four (two new and two old) partnerships.

SHOPS India has begun a process of community mapping to identify other community structures, networks and events that the VHC and CHC can leverage to reach more audiences and consumers more effectively. SHOPS India assisted ITC in pre-testing and developing communication themes, scripts and materials for use by VHCs as well as an information management system for the VHCs to ensure better flow of information and assessing the progress of the health initiative.

Pharma Synth Initiative: Improving use of ORS and zinc in rural communities through a commercially viable rural demand-supply model.

SHOPS India has successfully reinitiated the partnership with Pharma Synth and supported its processes in developing a new zinc product in syrup and suspension formulations. While the model was found to be successful at increasing the livelihood of the Shakti entrepreneurs, it has been challenging to convince Hindustan Unilever to maintain the partnership. . SHOPS India continues to negotiate with Hindustan Unilever on this initiative. SHOPS India has supported Pharma Synth with the development of a product launch strategy for its zinc product, Zintalyte (Zinc sulphate with 20 mg elemental Zinc). The product was launched in April 2013 in 75



Market-priming activities/ tools

districts where the company has a presence. SHOPS supported Pharma Synth in the development of a launch package for the brand by providing technical information and provider-directed communication tools such as detailers and posters. Since its launch, Pharma Synth has sold 15,292 sachets of ORS; 44,710 strips with 14 Zinc tablets each; 28,522 syrup bottles of Zinc (through Pharma Synth).

Targeting “registered medical providers” in rural areas, Pharm Synth will map and establish new distribution and detailing routes. The mapping has begun in over half of the 22 targeted scale-up districts. With SHOPS India’s support, Pharma Synth has invested in identifying and building a rural network of private health care providers for the prevention and management of diarrhea. The network consists of 1279 providers, most of whom are less-than-fully-qualified to practice modern medicine and provide primary health care services to a majority of people in rural Uttar Pradesh. To date, 72 providers have been trained in providing Child Health and Nutrition services. This initiative covers a population of approximately 570,000 people living in an estimated 3800 villages.

Increasing Access and Awareness for Advanced Cook Stoves through Partnerships

This initiative reduces supply chain costs for manufacturers and increases financing options for consumers; develops and tests demand-generation strategies for the BOP; and participates in a carbon credits program to offset costs and encourage manufacturers to keep consumer prices affordable for low-income communities by replacing open cook stoves with advanced cook stoves. This activity consists of a partnership with an ACS manufacturer (Envirofit), a syndicated distribution company (Dharma), and a micro-finance institution (Sonata) to improve access and increased demand for ACS.

During this reporting period SHOPS India developed a screening and recruitment criteria for the last mile entrepreneurs, known as Product Promotion Executives (PPE), who act both as a demand generation vehicle and as an outlet for selling the product to the community. SHOPS is partnering with Smart, a rural distributor which, through its network of last mile entrepreneurs, called PPEs provides rural consumers with access for products such as ACS bicycles, sewing machines, and mobile phones. Smart has partnered with Sonata, a microfinance institution, to enable Sonata clients to purchase these products in easy installments.

SHOPS India developed the compensation and incentive structure that includes fixed and variable components for PPEs adopted by Smart. SHOPS India also developed a training module for the PPE, with Envirofit contributing on brand-related aspects. Thirteen PPEs and five stockists attended the training.

During this reporting period SHOPS India has assisted Sonata in filing and processing over 100 ACS loans to increase access to and demand for ACS. In a similar effort to increase demand Envirofit has invested in a permanent warehouse and personnel to cater to the state of UP. The company is also planning to invest in market-building for ACS in the state.

In an effort to replicate the ACS model in other markets SHOPS facilitated new partnerships with Envirofit and Srei Sahag, a distributor with presence in six states of India as well as a partnership between Envirofit, Pratinidhi (a non-profit agency), and Samip (a distributor). SHOPS played a central role in facilitating an MOU between the partners involved in scaling up

the model through negotiation of commercial terms, identifying roles and responsibilities, and drafting the agreement.

Improving participation of private healthcare providers in the Revised National Tuberculosis Control Program

The TB activity for SHOPS India has three components: (1) training private providers on evidence-based tuberculosis management; (2) improving awareness of directly observed treatments, national control guidelines, and risk perception among people suffering from TB symptoms; and (3) establishing a bridge between the public and private sectors, as well as providers and clients. The goal is to improve the detection of cases by the national control program and adherence through private provider engagement in urban slums.

During this reporting period a work plan for the SHOPS-TB initiative in Karnataka was developed through discussions with Revised National TB Control Program officials of state and national government bodies and with USAID India. The model operates in 663 urban slums, of 42 towns in 12 districts of Karnataka through a private provider interface agency, serving 895,000 people. Karnataka Health Promotion Trust (KHPT) was awarded a sub-grant from April 1, 2013, to be the private provider interface agency, based on MBPH experience.

A committed team from KHPT developed a detailed project implementation plan with provider capacity building, consumer communication, care and support and interface strategies. Capacity building and communication tools were finalized and produced and internal inductions and training have been completed. 2558 health care providers of different type have been mapped of which 2316 oriented and 90 trained and networked. Communication activities have reached 701 key opinion leaders at intervention slums. Early interventions have resulted in referral of 193 chest symptomatics for testing of whom 106 have been tested at Revised National TB Control Program designated microscopy centers. This has led to the diagnosis and notification of 27 TB patients.

Support activities include three outsourced information communication technology based interventions. The beta version of the management information system is available for capture of primary disaggregated data through web-based software. A TB Careline (an outbound telephone helpline for TB patients unwilling for in-person treatment supervision) is being developed. A primary health care provider quiz using a mobile phone application is being developed to improve knowledge and practice among networked primary health care providers through self-learning.

The provider 'Triggers & Barriers' study completed a second Pilot survey and presented its findings to Abt and USAID India; work is ongoing on the questionnaire for the main survey among private practitioners of modern medicine. KHPT has taken early steps to initiate the consumer survey to understand 'Triggers & Barriers' to acceptance of treatment supervision.

Ivory Coast

Overview

Seeking guidance on the strengthening of HIV and AIDS services across the public and private sectors, PEPFAR commissioned a PSA through the SHOPS project in September 2012 with a goal to help guide the Government of Ivory Coast's and PEPFAR's strategy.

The assessments sought to document and/or evaluate several key components of health services provision in the private sector in Ivory Coast, with a particular emphasis on HIV and AIDS services. Its recommendations emphasized ways to leverage private health sector resources for a long-term sustainable national HIV and AIDS response.

The SHOPS project disseminated and validated the assessment's findings and recommendations in a two-day workshop held in Abidjan, Ivory Coast in June 2013. The SHOPS team used this workshop as an opportunity to launch a health public-private dialogue platform, one of the foremost recommendations that emerged from the PSA.

Summary of Key Activities and Outputs

PSA activities prior to field visits

In September 2012, the SHOPS project developed and finalized the scope of work of the private health sector assessment, and began background research, data analysis, and document review to inform the assessment.

The SHOPS project put together a team of seasoned professionals — two Abt Associates staff and two external consultants — to carry out the assessment. The team identified key stakeholders, and designed questionnaires tailored to each stakeholder's category.

Field visits and stakeholders' interviews

From October 15 to November 28, 2012, the assessment team conducted site visits and interviews in the regions of Abidjan, Yamoussoukro, Bouake, Aboisso, and Abengourou. Stakeholders interviewed included government officials, USAID/PEPFAR staff, implementing partners, financiers, private health providers, private providers' associations, workplace programs, NGO/faith based organization representatives, mobile phone operators, industry representatives, and others.

The SHOPS project completed a second round of interviews, field visits, and data collection in the second half of March 2013 to respond to comments and questions that were raised by USAID/PEPFAR staff after reviewing the first draft of the PSA report. The SHOPS team used this opportunity to further refine the social franchise/provider network for HIV and AIDS services recommendations and explore preliminary market needs and scope for HIV provider networking.

Interviews synthesis, drafting and submission of PSA report to USAID/PEPFAR

After the completion of site visits and stakeholders' interviews, the assessment team synthesized and analysed notes and data collected and began drafting the assessment report and recommendations. A draft report was submitted in January and after receiving comments and

input from the Ivory Coast's USAID/PEPFAR Mission in March 2013, the SHOPS team finalized the report. The report was also translated into French.

Findings and Recommendations

The Ivory Coast private sector assessment found that although the private health sector has grown rapidly over the past decade, regulatory agencies governing the private sector in Ivory Coast lack the resources to fulfill their role and apply an outdated legal and regulatory framework. By identifying, retaining, and treating HIV-positive clients already in private care, private for-profit health providers can become important sources of HIV and AIDS services. Efforts to ensure private providers are enabled to provide HCT services as an entry point to care will be a first step toward expanded provision of ART in the private for-profit sector.

Recommendations from the Ivory Coast private sector assessment include development of a platform for public-private dialogue for better collaboration with the private health sector; review of the process for authorizing new private sector facilities; encouraging provider-based *mutuelles* among selected nonprofit providers; better regulation of dual practice; consideration of contracting arrangements; expanding the number of private providers who are accredited to provide HCT, prevention of mother to child transmission (PMTCT) and ART, and allowing these providers access to government-procured commodities; contracting parts of the supply chain function such as distribution from district stores to facilities; and use of mobile technologies to facilitate the reporting of data.

The PSA also recommended PPPs in HIV and AIDS including a provider network for HIV and AIDS service delivery, PPPs for counseling and testing and for the supply chain, and the development of a unique national tracking system for people receiving ART.

Dissemination of PSA findings and recommendations and launch of activities to implement key recommendations

The SHOPS project organized a two-day workshop to disseminate and validate PSA findings and recommendations. A diverse group of over 50 stakeholders representing the public and private sectors came together in Abidjan, Ivory Coast on June 20–21, 2013 to discuss, validate, and gain consensus and buy-in on HIV and AIDS priority activities found in the PSA. The dissemination event also served to launch a public-private dialogue platform in health. Stakeholders developed key elements of the public-private dialogue platform to guide future collaboration between the public and private health sectors in Ivory Coast. Comments, observations, and recommendation from this event will be part of the final PSA report.

Following the dissemination event, the SHOPS team started organizing the first monthly meeting of the public-private dialogue platform that workshop participants recommended be held within 30 days of the workshop. The team is also working on developing the design of an HIV and AIDS services provider network, conducting a private health sector-related legal and regulatory review, documenting the unique Yamoussoukro health public-private partnership experience in a case study (as requested by workshop participants), and finalizing the English and French versions of the PSA report—all in the first quarter of Year Five.

Jordan

Overview

The goal of the SHOPS Jordan project (Ta'ziz al Usra or Strengthening FP) is to expand the access, quality and utilization of FP services through engagement with the private, non-governmental sector in Jordan. The program will contribute to increased availability and use of modern contraceptive methods, a reduction in the current high rates of discontinuation and a reduction in unmet need. The project will realize these goals by working with the private sector, collaborating with both for-profit and non-profit non-governmental organizations. The project has three primary result areas:

- Strengthened management and governance systems and increased financial sustainability at the Jordan Association for Family Planning and Protection (JAFPP);
- Increased access to and quality of private sector FP services; and
- Increased demand for FP products and services in the total market.

In Year One of the SHOPS Jordan project, the project achieved 151,146 couple years of protection (CYPs) through JAFPP, United Nations Relief and Works Agency (UNRWA), private network doctor FP voucher redemption, and private market contraceptive sales. In Year Two of the project this number increased again to 138,700 accounting for 12,446 more CYPs than the baseline of 119,232 taken at the start of activities.

SHOPS Jordan is funded through two funding streams, an associate award, which began October 1, 2010 and field support, the work plan for which was approved in June 2012. Now in Year Two, SHOPS Jordan field support will run through September 2014 and the associate award through September 2015.

Summary of key activities and outputs

During the reporting period, the team built on the solid foundation of assessments and research conducted over the prior year to introduce, sustain and scale up interventions:

Strengthened management and governance systems and increased financial sustainability at JAFPP

Over the past year, SHOPS Jordan focused on sustaining the foundation of governance and management systems introduced the previous year by starting implementation of a formal change management program led by JAFPP. To also assist in more efficient management, SHOPS Jordan provided training to JAFPP management staff to develop guidelines for and to execute the proper protocols and procedures for procuring supplies and equipment using USAID funds. The project upgraded the JAFPP procurement manual and policies to ensure procurement compliance with USAID rules and regulations as a recipient of USAID funds, and provided training to the JAFPP executive director and finance staff on USAID-compliant procurement procedures. Management and leader training was also provided to clinic managers to develop and practice skills in leadership and lead the business planning process for their respective clinics.

Increased access to and improved quality of private sector FP services

The project continued implementing its needs-based clinical training program for JAFPP and developed an additional training module on clinical breast examination and hormonal contraceptive use. The project successfully completed all planned FP counseling and clinical

classroom training for JAFPP, UNRWA, network doctors (NWDs), and community health workers (CHWs) using updated FP training materials along with EBM materials for 613 participants.

Competence-based Implanon training and on-the-job coaching was provided to 21 NWDs. To address a gap in training created by the lack of client flow to the Jordan University Hospital and to meet expanding training requirements for clinical contraceptive methods, the project is engaging the MoH through the JAFPP to provide Implanon training to 40 private doctors and IUD training to 50 doctors beginning September 2013.

The project continued its comprehensive support to institutionalize JAFPP clinical QA/QI processes and an improved clinic management information system. The project has focused on enhancing the continuity of care through proper documentation of client information and services received at JAFPP clinic. JAFPP QA and medical managers have adopted use of improved client records and method specific forms at 11 clinic sites.

The private doctors' network has continued to expand. Sixteen doctors were added to the network (15 referral point doctors and one advocate doctor), which now totals 206 members. During the most recent quarter there was focus on the southern province of Jordan in targeting doctors due to the limited number of service providers in our current network in the southern governorates. Expansion took place in Amman, Al Duleil, Irbid, Karak, and Aqaba. In Year Four, the project provided 16,297 total services. The table below disaggregates the total number of services by FP method.

Table 6: FP Services Provided Jordan

	IUD insertion	Condoms	POPs	COCs	DMPA	Implanon insertion	Total methods dispensed	Total services*
Number of services provided	7,297	649	491	748	215	214	15,914	16,297

**Total services include follow ups for IUDs, DMPA, and Implanon*

The project completed its regular quarterly round of academic detailing visits targeting 300 pharmacists in select high-volume pharmacies in Amman, Jerash and Aqaba, discussing evidence on progestin-only pills (POP) effectiveness for breastfeeding and non-breastfeeding women. In addition, the detailing effort conveyed other information such as when to start a POP course, POP differences with combined oral contraceptives (COCs), and the fact that smoking women above age 35 can only use POPs if she desires to use pills as a method of FP. The project also distributed FP brochures and FP recipe booklets to pharmacists. The detailing effort canvassed 313 pharmacies in Aqaba for the first time, introducing them to the project and adding them to the list for periodic academic detailing visits. For all newly added pharmacies, the project distributed flyers on COCs and POPs. SHOPS Jordan continued implementing its popular EBM seminar program for pharmacists in collaboration with the Jordan Pharmacists Association, with 258 pharmacists attending two seminars in the third quarter (covering Amman, Jerash, Ajloun and Irbid governorates).

SHOPS developed a competitive performance-based grants program that would aim to expand and increase the provision of quality FP services through NGOs. A rapid assessment of 37 NGOs in Jordan registered at the Ministry of Social Development as providers of medical services was performed; three were identified as eligible to compete for performance-based grants (in addition to the JAFPP) based on their perceived capacity to generate impact and a significant return on investment. The selected NGOs, Islamic Charity Center Society, Aman Association, and Al Hussein Labour Clinics, proportionally had a large number of clinics that already provide FP/RH services and expressed an initial willingness to work with SHOPS Jordan. An RFA was released to the three NGOs and grants are expected to be awarded by October 1.

Increased demand for family planning products and services in the total market

During the reporting period, JAFPP executed five family fairs, two more than the target, which demonstrates JAFPP's high level of commitment to this clinic promotional activity. JAFPP's most successful fair to date was held in Rusaifeh clinic on April 20 and drew a crowd of 700 community participants. The clinic served 250 clients on one day, 120 of which were new clients. The four other family fairs were Aqaba Clinic (160 clients, 65 new), Karak Clinic (100 clients, 45 new), Qwaismeh Clinic (170 clients, 65 new), and Sweileh Clinic (86 clients, 42 new).

On June 2, 2013, SHOPS launched the first phase of an integrated national social marketing campaign that positions the IUD as a safe LARC. The extensive campaign integrates mass media, public relations outreach activities, and point-of-service materials that convey key messages on the safety, long-term efficacy, and reversibility of the method and promote public and private service delivery points. Campaign partners include the MOH, JAFPP, UNRWA and indirectly, private clinics, all of whom the campaign promotes as convenient IUD service providers. The IUD campaign's first phase will run through September 2013, with an interruption during Ramadan when IUD services slow to a trickle, as post-insertion spotting obliges observant Muslim women to stop religious fasting. The campaign aired 182 television spots on Jordan television and Ro'ya television during popular programs and 214 radio spots on Rotana FM, Hala FM, and Amman FM stations during prime talk shows and national programs.

“Edutainment” were conducted in partnership with community based organizations located in poor and underserved areas to reach women lacking correct information on IUD and FP. Almost 25% of the 1,500 reached received counseling from project community health workers during the sessions, and 13% received vouchers for FP services of their choice. Among the 203 vouchers distributed, nearly 80% were redeemed for an IUD insertion. Many women attending the lectures were reached for the first time with medical information; there was clear eagerness to receive information on the IUD. Participation in post-lecture quizzes was high, confirming women's interest in FP topics. Corporate partner organizations Johnson & Johnson, Fine (Nuqul Group), and Nestle participated in the “edutainment” lecture sessions. They collectively contributed consumer gifts and in-kind contributions for a total value exceeding US \$65,000 USD.



A comprehensive package of information and education communication (IEC) materials, visual aids, and FP display bags was finalized, produced, and distributed to NWDs, CHWs as well as JAFPP and UNRWA clinic staff. The materials were distributed to 220. The FP display bag in particular proved to be popular among providers and especially CHWs, who appreciated its improved appearance and utility for home visits.



Table 7: IEC materials produced and distributed - Jordan

Item	Quantity	Recipients
Modern FP Methods Booklet	60,000	NWD clinics, pharmacies, CHWs
FP Methods Efficiency Technical Poster	450	NWD clinics, pharmacies
All FP Methods Technical Poster	450	NWD clinics, pharmacies
FP Flip Chart	1,000	NWD clinics, pharmacies, CHWs
Male & Female Anatomy Clinics Chart - English	300	NWD clinics, JAFPP clinics
Male & Female Anatomy CHWs Chart - Arabic	400	CHWs
FP Methods Display Bag	600	NWD and JAFPP clinics, CHWs

In the ongoing pilot test of the “contraceptive choice coupon” system, prospective NWRA receive three coupons for their choice of a range of oral contraceptive pills or the vaginal ring, and one coupon for their choice of IUD (copper or hormonal) through outreach workers or NWDs. Each coupon provides a 30% discount on the contraceptive product of the redeemer’s choice. A NWD currently must endorse the coupon although the project is exploring expanding distribution of the coupons to non-network physicians, particularly those in networks associated with health insurance company partners. The project has extended the pilot coupon program through to the end of December 2013, aiming for redemption of up to 2,000 coupons. The project has expanded the program to a national scale, targeting 2,260 pharmacies in all governorates. Eligibility criteria has been developed for pharmacies to be included in the program and five program orientation sessions were conducted for the eligible pharmacies targeting major Jordanian governorates such as Amman, Irbid, Zarqa and Karak. The sessions were attended by 315 pharmacists and 120 pharmacies showed interest in participating in the innovative program, as couponing has not been practiced in Jordan and particularly for pharmaceutical products. When the pilot is complete, the project will carry out an analysis to evaluate the impact of this initiative on stimulating private market sales of contraceptive products and expanding choice for Jordanian women; this will help determine whether the coupon program will continue or an investment in alternative means to spur contraceptive demand is needed.

SHOPS Jordan continued implementation of the voucher program for FP services, reimbursing NWDs and JAFPP clinics for providing FP services to women referred by CHWs. FP services rendered through voucher redemptions yielded 8,973 CYP. The table below summarizes services provided through voucher redemptions:

Table 8: Vouchers redeemed by method - Jordan

Service or Method Provided	Number of Vouchers Redeemed
IUD insertion	1,942
IUD follow-up visit	1,626
Condoms provided	193
POP provided	121
COC provided	173
DMPA provided	46
DMPA follow-up visit	1
Implanon inserted	36
Implanon follow-up visit	35

The project's community outreach partner organizations Circassian Charity Association (CCA) and the General Union for Voluntary Societies performed home visits to 59,675 new women in the north, central, and southern regions of Jordan. Follow-up house calls for FP counseling totaled 127,275 visits. The outreach partners followed up with MoH, JAFPP, and NWD clinics to ensure that appropriate facilities and care are provided to women referred through the program. Data shows that current acceptors of modern contraceptive methods are compiled of 2,931 IUD users, 2,678 oral contraceptive pill users, 254 Implanon users, and 1,444 condom acceptors; however, data also showed that only 50.6% of vouchers were redeemed.

The project, in collaboration with CCA, started the implementation of the "Careline" telephone follow-up pilot project, which aims to increase the number of new users of modern FP methods among outreach clients. Under the Careline project, CCA conducted follow-up phone calls to approximately 1,750 outreach clients who received vouchers from CHWs for FP services. During the phone calls, the counselors encouraged women to redeem their vouchers, provided them with an opportunity to ask questions about contraceptive method adoption, and addressed any side effect concerns.

The project developed a workplace outreach pilot project targeting low-income Jordanian working women and is implementing this initiative in partnership with the CCA, General Union for Voluntary Societies and the MicroFund for Women, a leading microfinance institution that assists poor Jordanian women to start or expand their own business. The project conducted 14 FP lectures reaching 275 MicroFund for Women Clients clients to raise their awareness about modern FP methods and distributed 832 FP service vouchers through weekly one-on-one FP counseling sessions.



Overview

The mandate of SHOPS Kenya is to increase the role of the private sector in health with a long term goal to yield sustained improvements of health and well-being for all Kenyans. To achieve this goal, the program activities work towards achieving the following two results: (1) Increase healthcare coverage through new and expanded private healthcare financing mechanisms; and (2) Increase the availability and improve the sustainability of quality private health services and products. These two technical areas are supported by the third intermediate result focused upon strengthening the enabling environment, and generating, communicating, and using data for decision-making.

Summary of key activities and outputs

Program Start-Up

A key accomplishment during this reporting period was the establishment of a field office in Nairobi. In addition to the Program Coordinator who was hired in the prior reporting period, SHOPS hired a Finance and Administration Officer in summer 2012 and the Chief of Party and Health Finance Advisor, who started in October 2012. The team moved into its new office also in October. In collaboration with this newly established team, SHOPS senior staff developed the workplan, which was submitted in December 2012.

Coverage through Private Healthcare Financing Mechanisms Increased

SHOPS is focusing its efforts on identifying and scaling up health financing initiatives to increase coverage and ultimately reduce the financial barriers to accessing healthcare. Informed by the health financing consultative workshop conducted in the last year, SHOPS initiated and made progress on activities prioritized by meeting attendees during this reporting period.

Identify and Scale-up Innovative and Low-Cost Demand Side Health Financing Mechanisms

SHOPS is providing technical support to scale-up innovative health financing mechanisms to increase coverage for the poor and those lacking access to care. In September 2012, SHOPS put out a request for expression of interest and short listed seven health financing organizations interested in partnering with SHOPS to develop a low-cost demand side health financing product. Through interviews, due diligence interviews with past partners, and a critical review of the proposed health financing mechanisms to support, SHOPS selected the Co-operative Insurance Company (CIC) of Kenya as the recipient for SHOPS TA. CIC is the 2nd largest insurer in Kenya by market share. CIC entered the micro-insurance market 8 years ago, and has a range of micro-insurance products – in life, property, fire, burglary, and medical. CIC launched its Afya Bora health micro-insurance product in 2011 but the uptake of the product has been slow. The product, however, shows great promise since it provides a wide range of comprehensive benefits for both out-patient and in-patient services (health insurance covering outpatient care is rare in Kenya). Coverage benefits include HIV&AIDS.

SHOPS is implementing the following technical assistance activities with CIC:

- Strengthen market and distribution of CIC's Afya Bora product;
- Produce IEC materials on insurance for consumers, so that knowledge is increased and interest is heightened on insurance products in general; and
- Develop trainings to build capacity of healthcare providers so that they can adequately provide information to their patients about Afya Bora, and how to effectively administer the insurance.

Over the last six months, SHOPS completed an analysis of optimal distribution channels for the Afya Bora product. SHOPS also conducted a strengths, weaknesses, opportunities, and threat as well as a Political, Economic, Social and Technological analysis on CIC Afya Bora and developed the first draft of the distribution strategy and sales operation manual. These documents will be finalized early in the next reporting period. In conjunction, the project conducted over 500 phone interviews with the target population (savings and credit co-operatives and microfinance institution clients) to understand the target group characteristics (e.g. household income, size, etc.) and gathered information to evaluate opportunities for incorporating sales into already existing processes.

Also during this reporting period, SHOPS Kenya brokered a meeting between CIC and Population Services International/Kenya's Tunza social franchise, to identify options for Afya Bora's expansion beyond Nairobi and Mombasa. PSI committed to introducing CIC to an initial group of five Tunza providers that CIC would audit as a potential distribution channel. In addition, PSI also offered CIC to participate in their area meetings, CPD/CME meetings to provide access to providers at one-time. These efforts are currently underway.

SHOPS Kenya also conducted micro-insurance key performance indicator training with CIC staff and developed a dashboard to track performance. The indicators will be tracked quarterly and compared to monitor performance.

SHOPS also identified a communications agency to develop health insurance IEC materials targeted to consumers and providers. USAID approval of this subcontract was received at the end of this reporting period thus production of these materials will begin during the next reporting period. In July 2013, SHOPS will conduct focus groups within the target population to gain qualitative information regarding health insurance products to further refine the product marketing approach.

CIC does not have a way to verify the number of Afya Bora clients with HIV/AIDS unless they self-report. Self-reporting usually consists of discussions with CIC's customer care team involving conversations as to which facilities clients could visit under their coverage. For reasons of privacy, CIC could not create summary reports of the number of Afya Bora clients. Rather than counting the number of people living with HIV covered by Afya Bora, SHOPS Kenya is working with CIC to instead count the services typically used by PLHIV that are claimed for within Afya Bora scheme. This will serve as a proxy for measuring the number of persons living with HIV/AIDS. CIC is identifying options to develop a system that tracks utilization of ARTs, cluster of differentiation 4 (CD4) count diagnostic test and viral load tests as a proxy for utilization.

Expand Insurance Coverage through Promotion of Appropriate Health Care Financing Partnerships with the Aim to Develop and Pilot a New, Efficient Provider-Payer System

To initiate discussions between private providers and payers, SHOPS organized a workshop on November 22, 2012 with the aim of identifying new opportunities for both stakeholders in the health financing market. The objective of the meeting was to bring key private providers and payers together to foster dialogue, to identify opportunities for collaboration between private providers and insurers, and to identify concrete actionable next steps towards strengthened partnerships. Key highlights from the meeting follow: The meeting presentations emphasized the need for hybrid models for health financing in Kenya. The participants committed to continuing joint dialogue through their associations and to ensuring greater involvement in the discussions on the National Health Financing Strategy. SHOPS will actively communicate to participants and share information and updates through the website of PPP-HK (see Activity 3.1 for more information on PPP-HK).

Stakeholders identified that the information generated through the Costing exercise (Activity 3.3) will be invaluable to the discussions among the providers and payers to be able to generate new ideas on health financing mechanisms. Thus, while SHOPS has facilitated smaller, informal discussions among interested stakeholders during this reporting period, major efforts on furthering the collaborative efforts in developing a new health financing mechanism will be conducted during the next reporting period once the costing data becomes available. SHOPS developed a workshop report that was shared with stakeholders after the meeting.

Availability of Quality Private Health Services and Products Increased and Sustainability Improved

SHOPS will help operationalize several private sector health models, which will increase the availability and improve the sustainability of private services and products. Through these initiatives, SHOPS will increase access to and quality of care for the poor to help improve health outcomes among vulnerable populations in Kenya.

Introduce Zinc/Oral Rehydration Salts through Private Sector Channels

This activity is being implemented with co-funding from MCH Core. SHOPS shared a concept note with USAID/Kenya and USAID/Washington which was approved in October 2012. Since then, SHOPS has been actively engaging partners in discussions to develop marketing and promotional materials for Zinc/ORS products. In December 2012, the technical working group placed a bid for an ad agency to develop IEC materials. Brand Strategy and Design was selected to produce national generic communication materials and private sector targeted communication materials. SHOPS will finance the production of radio spots to be developed by Brand Strategy and Design.

SHOPS is also partnering with, Cosmos Pharmaceuticals, who will distribute their Zinc/ORS product through one main distributor – Phillips Pharmaceuticals, to cost-share the production of the marketing materials that will be used by their staff when engaging with private pharmacies. Both companies started selling their products in June, totaling 101,000 units in the first month of sales. In April, the technical working group supported the first training of 91 people who will distribute the product. SHOPS supported the training of Cosmos and Phillips field representatives who will implement demand generation activities

with private sector clinicians, retailers, and pharmacy staff. In June, SHOPS provided partial support for eight more trainings, reaching 35 nurses and 562 providers in Mombasa and Kisumu.

Enabling Environment Supporting Private Health Sector Strengthened and Data for Decision Making Generated, Communicated, and Used

Active private sector involvement in the policy process is necessary for improving quality, access, and sustainability of health services in Kenya. Data for decision-making is essential to build an efficient, effective, and responsive health sector market. During the reporting period, SHOPS actively engaged in the policy discussions and pursued opportunities to generate information that can be utilized by both public and private sector stakeholders for planning and decision-making to expand the private sector role in health.

Provide TA to Key Partners to Integrate Private Sector Strategies into the Policy Process

During the reporting period, SHOPS provided TA to the Ministries of Health and key private sector partners to ensure the inclusion of the private sector in policy dialogue and development. As a result of SHOPS support, private health sector representatives are playing a more active role in the policy arena. The MOH is increasingly acknowledging private sector contribution and recognizing their role in complementing government efforts.

At the request of USAID/Kenya, SHOPS has transferred capacity-building support of the MOH/ PPP Unit to the Health Policy Project. The transition occurred in September 2012.

Strengthen the Capacity of PPP-HK to Facilitate Public-Private Dialogue, Inform the Policy Process, and Promote Specific Health PPPs

PPP-HK, comprised of members of the private for-profit, nonprofit, faith-based, and public sectors, has become an effective forum for a wide range of multi-sectoral actors to dialogue and coordinate on public-private sector issues and opportunities in the health sector.

SHOPS TA to PPP-HK has led to changes to the language in the Kenya Health Sector Strategic Plan III that recognizes the importance of PPP and the contribution of the private health sector in achieving the national health goals. In early November 2012, PPP-HK compiled a joint private sector response on the draft Strategic Plan. Three key issues were identified through PPP-HK review: (1) the role of the private sector was poorly described; (2) Strategic approach to PPPs was missing; and (3) the Implementation Framework was weak on public-private engagement process. This feedback provided comprehensive recommendations on how the Plan can be strengthened to address these gaps relevant to the private sector, as well as to provide suggestions overall to the Plan. Taking these and other recommendations from key stakeholders into account, the Ministries of Health updated the draft which was shared in April 2013. This updated draft acknowledged the strength and resources that the private sector brings to the health sector overall, and outlined mechanisms in which public-private coordination can be further developed to best harness the respective assets of public and private sector with the aim to achieve national health and development goals.

“PPP-HK is a platform that has potential to improve access to quality health care services for all Kenyans by fostering PPPs that reduce current inequities. It also creates a platform for learning and sharing of experiences where members can benefit from best practices and efficiencies.”

Dr. Lennie Bazra S.,
Kyomuhaangi Country Director,
Amref Kenya Country Officer

To sustain and foster the growth of PPP-HK, SHOPS drafted a sustainability plan and facilitated regular leadership meetings. The SHOPS Program Coordinator has devoted 50% of her time to serve as the PPP-HK Secretariat. In this role, she provided day-to-day coordination and identified and developed communication products to help better position the private sector in policy forums. The SHOPS project conducted an analysis of the University Health Care Coverage Sessional Paper No. 7 highlighting areas affecting the role of the private health sector. SHOPS also drafted a PPP-HK brochure which is currently being finalized.

Contribute Accurate Data by Costing Out-Patient and In-Patient Packages, and Increase Knowledge about Health Insurance

SHOPS is collaborating with the German Government Development Agency (Gesellschaft für Internationale Zusammenarbeit) (GIZ) and its subcontractor EPOS to cost an essential health package in both the public and private sector. In late November 2012, SHOPS organized a stakeholder meeting among the Ministries of Health, development partners (World Bank, WHO, Danish International Development Agency, GIZ, Health Policy Project), and the private sector (Marie Stopes International, PSI, African Medical and Research Foundation, Christian Health Association of Kenya, Kenya Episcopal Conference, Kenya Community Based Health Financing Association) to introduce the activity and seek inputs to help finalize the data collection tool. Study design and sample selection were completed in December 2012, and SHOPS reached out to private sector healthcare providers to participate in the study.

SHOPS recruited a senior technical consultant, 17 data collectors, and the operations project support staff. In early December 2012, SHOPS and EPOS Health Consultants conducted training and field tested the data collection tool. However, due to March elections, the data collection process was delayed and was finally completed at the end of May. Data was collected from 245 health facilities. By the end of June 2013, all data were inputted into the database, and were cleaned. During the next reporting period, SHOPS will analyze and present the data to key stakeholders for input.

Malawi

Overview

In Malawi, approximately 40 percent of services are provided by private actors, including the Christian Health Association of Malawi (CHAM), commercial providers, and other not-for-profit actors. These private actors are crucial for expanding access to essential health services in rural areas of Malawi. However, there are enormous challenges facing the sustainability of CHAM as a network, and while there is a growing commercial health sector (constituting less than three percent of total health services in Malawi), it needs to be better organized, engaged, and financed. The limited and unorganized nature of private sector representation in key policy decision-making bodies and high barriers to entry to starting a private practice have also been identified as issues affecting the private sector in Malawi.

SHOPS' Malawi Country Program focuses on four goals:

- Strengthening the enabling environment for PPP to ensure improved access to quality health care services;
- Strengthening the capacity of not-for-profits to deliver priority services in a sustainable manner;
- Increasing the role of the commercial private sector in the delivery of priority health services; and
- Increasing the demand for diarrhea prevention and treatment products and services.

SHOPS activities in Malawi were initiated in January 2012 after approval of the workplan. Details of progress in these activities during this reporting period are provided below:

Summary of key activities and outputs

Strengthen enabling environment for public-private partnership to ensure improved access to quality health care services

Activities focus on strengthening the government's capacity to engage and interact with the private sector, strengthening the policy and regulatory framework, creating and supporting a PPP Unit within the MOH and strengthening the development of high quality service-level agreements (SLAs).

Government capacity to interact with the private sector strengthened

SHOPS has been providing TA to the PPP-TWG comprised of the MOH and key private sector stakeholders. In September 2012, the TWG met to outline the terms of reference for the PPP Unit. In October 2012, SHOPS assisted a task force within the TWG to finalize the terms of reference, review the legal and institutional framework for that unit, and develop a concept note on the establishment of the Unit. The proposed TOR and concept note were presented to the senior management team of the MOH in March 2013. These two documents were approved with minimal suggested amendments or notations of areas requiring consultation with other Ministries. Currently, the institutional framework remains a "PPP Desk" as a unit would need to be headed by a Director.

Also during this reporting period, SHOPS initiated the discussion with the TWG on developing a PPP Strategy that implements the national PPP law to practice in health. This Strategy is slated to be completed early in the next reporting period.

Dialogue between the public and private sector initiated

Although PPPs have become a prominent component of strategies within the Malawian government in the past few years, there was a need to strengthen the PPP-TWG and build their relationship with the MOH. With the support of SHOPS, the TWG has expanded its core membership to include key private sector stakeholders. During this reporting period, SHOPS assessed a number of professional associations and identified their strengths and weaknesses as well as their capacity to play a more prominent role in public-private dialogue. This assessment revealed that there are few functioning professional associations, that key segments are not represented (e.g. pharmaceutical manufacturing, private hospitals, health insurance), and the private sector is highly fragmented.

To address these shortfalls, SHOPS facilitated the first-ever meeting of all the professional associations. At this landmark event, participants agreed on the need to come together more often to share resources and expertise to strengthen their respective organizations and to form a “coalition” or umbrella organization to represent the private sector in policy forums and public-private dialogue in health. SHOPS will continue to provide capacity building support to select associations of interest to USAID.

In an effort to continue involving the private sector in policy dialogue, SHOPS staff assisted SSDI-Systems create an inventory of existing health policies and prioritize them into a roadmap of policies to be reviewed, revised and strengthened. Both governmental and private sector institutions participated in development of this policy roadmap.

Regulatory framework for private sector strengthened

Performance goals for strengthening the regulatory framework include the development of regulatory standards that are equivalent for public and private sectors, and ensuring that the private sector has a voice in reviewing and approving those standards.

SHOPS sponsored two two-day workshops in July 2012, one to revise the M&E tools for the Malawi Medical Council and another to revise the tools for the Nurses and Midwives’ Council. The workshop, which had representation from the full spectrum of healthcare stakeholders from public and private sector associations, produced a revised tool that had clear standards and guidelines that could be implemented on the ground. In conjunction, SHOPS completed a training of inspectors (42% of participants from the private sector) for the Nurses Council in November 2012.

SHOPS then supported the initial use of those tools in southern Malawi where the Malawi Medical Council evaluated 48 facilities of private providers using the new tools. Of those inspected, 24 passed, 18 passed with warnings/recommendations for immediate improvements, and six failed. Of those that failed, two clinics, two laboratories and one radiography department were closed down pending rectification of deficiencies. In early 2013, the Nurses and Midwives inspected six more private facilities providing maternal health and delivery services in the Central Eastern region (Kasungu, Dowa, and Nkhosvota). All facilities scored below standard (between 27% and 46.6%). The inspection team noted that re-inspection within

three months would be necessary to ensure that appropriate recommendations for improvement are implemented.

In January, SHOPS Malawi hired a consultant, Dr. Ben Botwe, to assist in updating the regulatory guidelines of private sector pharmacies. A trip in April focused on reviewing previously identified gaps in the medicines registration guidelines, good manufacturing practices guidelines and checklist, and to agree on an outline proposed for the development of new guidelines for product recall and destruction of pharmaceutical waste. The trip included a two-day workshop with all stakeholders in the Pharmaceutical sector and was facilitated by Dr. Botwe. The objective was to review the workings of the Pharmacy, Medicines, and Poisons Board from legislation, organization and management, human resource, regulatory tools through to the M&E of regulatory systems for medicines. The engagement of private sector concerns into all these was to be paramount. Feedback from this trip and the workshop will be used to finalize all documents for submission by the end of this report period. During the next reporting period, stakeholders will review, comment upon and provide guidance regarding the finalized documents for formal approval.

Development of high quality service-level agreements

The CHAM Secretariat signed a memorandum of understanding in 2002 with the MOH, whereby the MOH agreed to pay for the salaries of the CHAM member unit staff and subsidize user fees through SLAs. Structured to compensate CHAM units for their role in delivering the national essential health package to communities, SLAs are a significant portion of CHAM facilities' revenue. Ensuring well-constructed SLA contracts between the district health offices (DHOs) and the CHAM facilities allow sustainable provision of essential healthcare to populations that may not have access to public health services.

Since October 2012, SHOPS has continued providing TA to CHAM and the MOH to revise their MOU and SLAs. With the support of local medical professionals and key stakeholders, SHOPS assisted CHAM and MOH in reviewing the pricelist associated with the SLA by micro-costing the 95 maternal, neonatal, and child health services covered by the SLA. The finalized pricelist was approved by MOH and CHAM in December 2012. SHOPS also hosted trainings in five health zones to representatives of the MOH and 69 CHAM facilities on key issues in contracting out. At these meetings, the revised SLA guideline was shared and the participants provided feedback and challenges to the implementation of the guideline based on the issues on the ground. Josef Tayag, Health Financing Advisor, came together with CHAM leadership and MOH to review the feedback and integrated that information into the guideline to finalize the document. Finally, SHOPS designed and launched a study to track cost data at six CHAM facilities and three MOH facilities to build evidence base for measuring the cost of delivering Maternal, Newborn, and Child Health services through the private sector.

In February, SHOPS COP, Timothy Kachule, participated in the East African Healthcare Federation and Pharmex 2013 Exhibition in Tanzania, where he presented as a panelist on a discussion session "Contracting Health Services: Successes and Challenges". This session shared SHOPS work with CHAM and the lessons learned in developing the SLA guidelines. As PPPs become the method of choice in extending access to care especially geographically remote areas, SHOPS' involvement in developing the SLA guidelines can inform other countries' approach to contracting.

Strengthen the capacity of not-for-profits to deliver priority services in a sustainable manner

During this reporting period, SHOPS successfully indexed nine facilities using Abt Associates Inc.'s proprietary ProCapacity Index tool. Using a balanced score card methodology, the ProCapacity Index tool measures the organization's level of sustainability. From these assessments, high priority areas of deficiency were identified and SHOPS developed a series of seven interventions to address those financial, organizational, and operational deficiencies to implement during the year.

In March, three MBAs without Borders volunteers arrived in Malawi to begin their six-month assignments working with six indexed CHAM facilities. These volunteers are assisting these facilities in the following assignment areas: financial planning, clinical efficiency, enterprise development, and grant writing and fundraising. During this reporting period, the volunteers completed their assignments at their first host facilities. During the next reporting period, the volunteers will move to a second set of facilities to replicate their interventions.

Also in March, SHOPS conducted a three day symposium on Strategic Planning and Governance that was attended by senior managers and board members of select CHAM facilities (Likuni, Madisi, St. John's and Trinity hospitals) and members from three Professional Associations (National Paramedical and Private Providers Association of Malawi, Association of Malawian Midwives, and Pharmacy Society of Malawi). SHOPS met with each board of directors individually to identify specific TA needs to develop a robust governance structure and organizational strategy. Based on these discussions, a workplan for governance and strategic planning efforts for each facility has been developed, and Austine Mazinga, SHOPS' Institutional Development Advisor, has been following up with each facility.

In January, for the clinical efficiency intervention, two consultants conducted hospital assessments in five of the CHAM hospitals to further understand and identify the current drivers of clinical inefficiency. These assessments gave insights into the operation and institutional challenges, which informed the development of the curriculum for training on lean thinking and daily process management. The four-day training was held in April for two participants from the five CHAM hospitals assessed, two representatives from CHAM secretariat, the health coordinator for the Blantyre Archdiocese responsible for Trinity Hospital and a volunteer student for a total of 14 participants. The workshop was held at the Likuni Hospital and the training used the outpatient and maternity wards for on-hand implementation of the lessons learned during the training. Participants identified changes in the maternity ward that were implemented and saw positive impact before the training even ended. While improvements were recommended for the outpatient ward, resistance was met from the head-nurse on duty declined to implement the changes. At the conclusion of the training, participants from the other four hospitals identified two project areas for improvement. The facilities have since performed their baseline assessment and have started implementing changes. During the upcoming reporting period, a follow-up visit will be conducted by the lean management expert to ensure the key principles were understood and are put in practice at the facilities.

After the success of the BLM and PSI/Malawi's SafePlan, (see details on the next page), SHOPS Malawi offered an adapted version of the Financial Management and Record Keeping Course to CHAM hospital staff. SHOPS training expert, Nancy Natilson returned to Malawi in October to conduct two training sessions focusing on financial planning and budgeting for non-finance

personnel of indexed CHAM facilities. Forty-one staff from 8 facilities were trained and post-test scores indicated a 28% improvement in knowledge.

This capacity building effort has received interest from many stakeholders as many organizations face similar sustainability issues around the globe. Two SHOPS staff and two officers from CHAM Secretariat attended a four day conference in Lusaka, Zambia held by the Association of Christian Health Associations Platform (ACHAP). During the conference, SHOPS presented the ProCapacity Assessment Tool and highlighted how the implementation for the tool in Malawi helped facilities understand their weaknesses and potential. There was considerable interest across the region in replication of the Tool in their countries. The next ACHAP Conference will be Malawi.

Increase the role of the commercial private sector in the delivery of priority health services

These activities focus on enabling the commercial private sector to deliver higher quality priority health services, including: 1) completion of a private provider mapping exercise to identify both the location and types of private sector services available throughout Malawi 2) strengthening the business and financial management capabilities of commercial FP providers, and 3) strengthening the delivery of priority HIV/AIDS services. The results of the mapping will allow the SHOPS staff to provide an in-depth picture of the private health sector in Malawi, offer additional training in QA and other high priority areas identified during the survey, and identify potential new association members.

Private provider mapping

During this reporting period, SHOPS completed a mapping exercise of all private providers of health services (nonprofit and for-profit). With information from 763 private facilities, this is the most comprehensive mapping data on private providers available in the country. Through a series of questionnaires, the SHOPS project conducted a mapping study to understand the structure of the Malawian health system. The indicators in question focused on distribution, provider, and service characteristics. The SHOPS researchers found that 80-85% of the populations lived in rural areas of Malawi, however only 47% of private health facilities are located in these regions. Of the Malawian clinics, 88% offer at least one maternal and child healthcare and 87% offer reproductive health services. Data regarding the human capital of the health system reveals that the majority of providers work in the private sector (80%) and just over half of them are nurse-midwives (52%).

The data from this study was then used to identify weaknesses in the health system on several levels. Geographically, visualizations associated with this mapping project reveal holes in the health system infrastructure. With this knowledge, implementing partners can focus on tearing down geographic barriers for populations living in areas lacking health providers and facilities. Thirty four percent (34%) of providers consider HIV/AIDS training to be their top priority yet only 66% of facilities offer HIV services. This disparity reveals a lack of HIV care and training. Future initiatives should aim to respond to that demand. Additionally, findings regarding the health insurance climate as well as barriers to health systems operations provide insight serving as the baseline for future policy.

In December 2012, SHOPS finalized an analysis report of the data and submitted it to USAID/Malawi. Making this information available can lead to strengthening the commercial

providers by linking them to trainings, professional associations, technical assistance organizations, and donor institutions. For example, using the mapping data, specific private providers were invited to attend 1) a diarrhea management training led by DHO master trainers and 2) TB/HIV trainings led by Malawi Business Coalition for AIDS (MBCA) (see next page for more information on MBCA activities).

Business and financial management training for commercial providers

In July 2012, a training course in business and financial management skills was held for Banja La Mtsogolo's, BlueStar-franchised clinics. With two series of trainings, SHOPS was able to train 39 providers from the BLM network. In November, two additional trainings were held for providers of PSI franchisees, adding 28 providers with increased capacity to track costs, budget, maintain stock inventories and market their services. SHOPS also identified and trained 18 stand-alone private health providers in the northern regions to Malawi that currently do not belong to any social franchise but could also benefit from attending these training courses. These trainings have led to increased knowledge in cash and supply management which can reduce stock outs; as these clinicians provide essential reproductive health services to women who are in hard to reach areas, ability to manage stock outs can lead to improved uptake of FP services.

Strengthening the delivery of priority HIV/AIDS services

In December 2012, SHOPS awarded a grant to MBCA to train new private providers on ART services and monitor them, as well as to serve as a coordinating body for private providers on HIV/AIDS services. Utilizing data from the newly completed SHOPS mapping exercise, 29 private providers were identified and participated in training and accreditation to provide HIV/AIDS-related service delivery SLAs. In March, MBCA organized a three-day Private Sector TB Detection and Management Training for these providers. The training will contribute to the active involvement of private providers in TB control activities, which in turn, will improve access to TB diagnosis and overall quality of care. The training will positively contribute to the Malawi's national goal for 70% case detection and 85% treatment success rate. The first supervisory visit of these participating providers took place in April. ART training will be held by MBCA in July.

Increasing commercial sector membership in professional associations

The performance goal for increasing the commercial sector membership in professional associations is to increase the number of active private sector members in these associations. The preliminary mapping report has been shared several professional associations for their programming purposes. To increase opportunities for professional associations to receive key capacity building opportunities, SHOPS is assisting two professional associations – Association of Malawian Midwives, and Medical Association of Malawi – to develop concept notes to submit to USAID linking them to key US medical professional associations through a Global Development Alliance. These professional partnerships will provide a foundation for both the institutional strengthening of the associations as well as contribute to the professional development of their private sector members.

Increasing the demand for diarrhea prevention and treatment products and services

These activities have been focused on three areas of intervention: 1) assessing the effectiveness of several household water treatment delivery systems and assuring treatment products were

available during cholera and flood emergencies; 2) promoting the use of zinc and ORS for diarrhea management through mass media and training of private sector providers; and 3) enhancing the child and neonatal emergency triage skills of commercial providers.



Over the past diarrhea season, SHOPS has been implementing a number of water treatment delivery pilots to determine which type of distribution systems will increase uptake of household water purification products. SHOPS established several partnerships for this assessment:

- A sub-grant to PSI for activities in Nsanje and Zomba districts. In Nsanje, PSI supported the commercial sales of Waterguard with targeted push activities and increased sales outlets. PSI was delayed in starting activities until March. Once the project began, reported sales were sufficient to treat approximately 6 million liters of water.
- In Zomba an MOU was signed between PSI, UNDP Millennium Villages Project, and SHOPS to market Waterguard through women's groups under the Millennium Villages Project. PSI trained 60 women and supplied the initial starting stock of 2 cartons per woman totaling 200 cartons of Waterguard. Overall, sales were low due to the preponderance of free product in the district from NGOs and cholera-related supplies of bulk water treatment (High Test Hypochlorite (HTH)). In Machinga a grant was provided to CHAI to continue their program of providing waterguard and soap in a hygiene kit as an incentive for pregnant women to attend ANC and bring their partners for HIV testing. CHAI continued their program and activities have been moving smoothly.
- In Chikwawa an MOU was signed with the DHO to provide HTH and to train 68 hygiene surveillance officers in community-based water treatment education and distribution of stock chlorine. A control district for research purposes was also established in Mulanje. SHOPS supplied 600 kg of HTH to the Chikwawa DHO which was distributed by clinic-based hygiene surveillance workers to community members. 2,058 health talks were delivered by HSAs to 177,681 individuals and over 92,000 households were supplied with 1% stock solution of HTH.

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In conjunction with this program, PSI was contracted to air a number of radio commercials on water treatment and use of WaterGuard. Overall, the program distributed enough treatment products to treat approximately 215 million litres of water. Additionally, SHOPS provided water treatment products to DHOs in response to the cholera outbreak during the rainy season, distributing enough HTH to treat an additional 364 million litres of water.

In order to measure use, SHOPS obtained the baseline household survey from the SSDI-Communications project and an endline survey, utilizing J&F Consult to conduct the survey, is nearing completion.

To improve caregiver awareness of the new diarrhea treatment protocols that focus on the use of zinc and ORS, a radio jingle on diarrhea management with zinc and ORS was developed in English translated into 3 local languages. The messages aired three times a day on popular two local radio stations throughout the diarrhea season. Seven billboards, adapting materials developed from Ghana, were erected in Lilongwe, Mzuzu, Blantyre, Zomba, Mangochi, Salima, and Kasungu. In addition, the project trained 458 private providers in diarrhea management with zinc and ORS.

In an effort to improve quality of pediatric emergency care in the country, the ARI Programme, with support from the SHOPS project, conducted the first Emergency Triage Training course in Blantyre for health workers from private clinics for clinics. The course was conducted from 20th – 24th May 2013 and a total of 22 participants were trained. The course focused on how to triage sick children when they arrive at a health facility and give emergency treatment. The classroom and clinical hands-on training ensured that participants gained knowledge and skills in emergency management of children. The course was very well received with the great majority of sessions being found to be “useful.” However, implementation on the ground of these newly acquired skills are challenging; most participants said that while triage was easy to introduce in the hospital and the health centers, the very small space and other equipment pose major hindrances to the implementation of Emergency Triage Training in the district.

Namibia

Overview

Namibia has a strong and vibrant private health sector, although according to Namibia's latest Health and HIV and AIDS Resource Tracking exercise, the role of the private sector in financing total health expenditures is declining. Additionally, the private health sector employs the majority of doctors, pharmacists, and social workers in the country. Given this untapped potential, the SHOPS project seeks to identify ways to mobilize the private sector to be more involved in the national HIV and AIDS response.

In Namibia, the key aim of SHOPS is to leverage private investment to increase efficiencies and prospects for sustainability, improve access to care for underserved population groups, and achieve national health goals, including goals for combating HIV and AIDS. By doing so, SHOPS will strengthen domestic investment in the national HIV response, which is critical given that USG support for health programs is expected to decrease in the coming years. In Namibia, SHOPS works closely with a wide array of local partners to facilitate a more active role for the private sector in meeting national HIV and AIDS goals.

Summary of key activities and outputs

Expanding access to low-cost health insurance

Namibia has a substantial health insurance industry (covering about 18 percent of the population) as well as a serious HIV epidemic. However, the market has grown slowly, with only about 10,000 Namibian workers currently covered by low-cost insurance plans covering ART.

Given Namibia's substantial health insurance market and the relatively high rate of formally employed adults, SHOPS is working to expand access to low-cost health insurance in the formal workforce.

Reducing the cost of ARVs to expand health insurance

Since the completion of a SHOPS analysis and the publication of its report showing annual savings estimated at \$5 million to the Government of Namibia if the largest private health insurance scheme, the Public Service Employees Medical Aid Scheme (PSEMAS), accessed ARVs at government/donor prices, SHOPS has been working with not only PSEMAS, but also with leading wholesalers/suppliers on the reduction of ARV costs. One wholesaler – ErongoMed – submitted a proposal for reduced ARV prices to the PSEMAS. During the last year, SHOPS continued to follow-up with the PSEMAS and ErongoMed on purchasing mechanisms through which the reduced prices would become a reality. In November 2012, the Ministry of Finance (MoF) requested an updated proposal. Following several SHOPS-organized meetings, ErongoMed submitted a revised proposal in March 2013. SHOPS is still working with PSEMAS representatives to organize a meeting with the senior management of the MoF where the proposal will be debated and given a path forward to realize the reduction in ART costs.

Low-Cost Health Services Market Quantification

SHOPS developed a concept note for a low-cost health services market quantification exercise. The concept note was approved by USAID/Namibia during the second quarter of the reporting period. SHOPS/Namibia decided to divide the implementation of the concept

note in four modules. The first two modules researching and quantifying the demand (module 1) and the supply (module 2) of low-cost health services are underway.

Assessment of Potential for HIV Counseling and Testing Service Provision in the Private Sector

With Namibia adopting the “test and treat” strategy which calls for universal HIV testing and early treatment, there is a need to increase testing services’ access points. In December 2012, USAID/Namibia requested SHOPS to assess the potential for continued and sustainable HCT provision through the private sector by both for-profit and nonprofit entities. Following initial discussions with USAID/Namibia, the project assessed, determined, and documented the practices and opportunities for greater private sector involvement in the provision of HCT. SHOPS/Namibia shared and discussed the findings and recommendations with USAID/Namibia. After several meetings and discussions with USAID/Namibia and the Ministry of Health and Social Services (MoHSS), implementation of SHOPS-recommended interventions will begin next year. Additionally, SHOPS will utilize HIV core funding to rigorously evaluate the efficacy of a greater private sector role in HCT in Namibia over the next year.

Build the capacity of NGOs to improve financial sustainability

SHOPS focuses on strengthening the ability of NGOs to develop and market their competencies to workplace HIV and AIDS programs and products to private corporations as a strategy to improve financial sustainability.

Increase Commercialization of Select NGOs in Order to Promote Sustainability

In the last year, SHOPS engaged its partner Monitor Group (based in the Johannesburg, South Africa office) to develop a multi-faceted strategy to improve the commercialization prospects of donor-funded NGOs in Namibia. Monitor Group’s analysis built on research conducted by SHOPS- contracted Survey Warehouse on the interest of companies to procure health services/products provided by NGOs that could facilitate a HIV and AIDS workplace policy.

Monitor Group proceeded with conducting an assessment of corporate demand and supply landscape with the aim of creating linkages between corporates and NGOs where NGOs can market and sell their services to corporates. The research involved 36 corporates, six health insurance providers, four health insurance administrators, three service providers, and 16 NGOs. Through the assessment, the project identified three opportunities with potential to meet corporates’ needs—wellness, disease management, and low-cost health service provision. Wellness was identified as the most feasible area for NGOs given their current service provision and structures. Therefore, it was agreed upon to be the area of focus for the commercialization pilot. Further in-depth research was conducted to identify corporates and NGOs that could be piloted in the wellness space. SHOPS developed a pilot proposal and shared it with USAID/Namibia.

With USAID/Namibia’s approval, SHOPS moved onto pilot implementation, after seeking a legal opinion that confirmed both NGOs are legally able to launch commercial programs. In this pilot, Philippi Trust Namibia is providing counseling services to Old Mutual Namibia while LifeLine/Childline Namibia will be providing counseling services to the Mobile Telecommunication Company Namibia. During the reporting period, SHOPS facilitated and

conducted meetings with both the identified NGOs and corporates to discuss the envisaged pilot in terms of service provision requirements and deliverables.

In addition, SHOPS developed costing models for each NGO, based on actual operating and running costs; reviewed the existing promotional and marketing materials of Philippi Trust; and reviewed, revised, and updated the data collection and reporting systems of both NGOs.

On June 3, 2013, the first pilot – a commercial partnership between Philippi Trust Namibia and Old Mutual Namibia – was launched at the SHOPS office in Windhoek. USAID representatives, including the USAID/Namibia Mission director attended the signing ceremony. The launch received extensive media coverage. The second pilot partnering a PEPFAR-funded NGO, LifeLine/Childline, and Mobile Telecommunication Company will launch in the first month of Year Five.



Signing ceremony for the Philippi Trust Namibia—Old Mutual Namibia partnership launch. Front row (left to right): Priscilla Husselmann, human resources representative, Old Mutual; Marianne Olivier, director Philippi Trust; and Elzadia Washington-Danaux, mission director, USAID/Namibia.

report discussing the main findings of the NGO commercialization landscape analysis conducted in Year Three, which informed both pilots.

Monitoring and facilitating PPPs

PPPs leverage private sector resources and expertise with a public sector mandate to expand HIV and AIDS services. Currently, there are a limited number of PPPs to expand HIV care and treatment in place in Namibia. SHOPS continues to look for opportunities to identify, facilitate, and strengthen new PPPs around HIV care and treatment, while monitoring and documenting ongoing PPPs.

During the reporting period, SHOPS continued to work closely with the MoHSS to move forward the rationale for a PPP unit and support the development of a MoHSS PPP framework. At the request of the deputy director for policy planning, SHOPS developed a PPP concept presentation. The presentation was well received by the MoHSS and SHOPS was further requested to develop a PPP concept note. The concept note was presented to the MoHSS management in September 2012. Subsequently, SHOPS was tasked with refining the concept further in preparation for a discussion paper. This paper was submitted to the permanent secretary in November 2012. It was discussed within the MoHSS in December 2012. In the third quarter of the reporting period, SHOPS provided TA to the MoHSS to draft and finalize the terms of reference for an expression of interest for the development of a PPP strategy for health. The MoHSS released the EOI in the last quarter of the reporting period.

Increase knowledge about service provision in the private sector

Namibia has a dual health care system, both public and private. The systems operate independently of each other and consequently, the private sector's contribution is not well known nor fully integrated in national reports. Public-private cooperation is hampered by this significant lack of knowledge about the location, proximity to public facilities, available human resources, and service delivery mix for many commercial facilities.

As a response, SHOPS is conducting a private health services mapping and is working with the NAMAF to ensure essential health services provided in the private sector are reported to the MoHSS.

Mapping Private Facilities Nationally

During the reporting period, SHOPS developed a concept note for a mapping exercise of private providers, starting in the Erongo region, and developed and shared a draft mapping protocol with USAID/Namibia. Following an activity kick-off visit conducted in December 2012, SHOPS drafted mapping instruments. After observing a delay in activity implementation (due to delay in project funding), SHOPS selected and entered into an agreement with a local firm. Testing and training of data collectors are underway. Data collection will begin early next year.

Strengthening Private Sector Reporting to the MoHSS

SHOPS discussed and agreed with USAID/Namibia on private providers' service details to be reported to the MoHSS as follows:

- HIV testing—number of people who were tested for HIV and the associated costs;
- Number of people on HIV treatment segregated by gender and age;
- Number of people on second line HIV treatment;
- Number of cluster of differentiation 4—CD4—tests conducted and the associated costs;
- Number of TB patients on treatment;
- Number of patients treated for multi-drug-resistant TB;
- Number of HIV patients with TB; and
- Number of patients treated for sexually transmitted infections/sexually transmitted diseases.

Subsequently, SHOPS held consultations with NAMAF and its actuaries on requirements for receiving the requested data. Following successful negotiations between SHOPS and NAMAF on appropriate fees for data extraction and compilation, the first report was generated and shared with the MoHSS, USAID/Namibia, and SHOPS.

Expand mobile primary health care PPPs to reach underserved populations

With an average of three people per square kilometer, Namibia has the first and second lowest population density on the African continent and in the world, respectively. In this sparsely populated nation, one of the greatest challenges for rural communities is the long distances to access health care—on average 62 miles one way to see a doctor. One way to address this health service delivery and access challenge is to expand mobile primary health care PPPs to reach remote and underserved populations. Last year, SHOPS began providing technical assistance and a temporary operational subsidy to one such PPP, the Mister Sister Mobile Primary Health Care Clinics (MSMPHCC) or Mister Sister for short. SHOPS continues to invest in the

expansion of the MSMPHCC in new regions and new health services, primarily HIV and AIDS services. Mister Sister clinics are managed by SHOPS partner PharmAccess Foundation Namibia, and receive funding from a variety of sources, including the Dutch Health Insurance Fund.

During the reporting period, SHOPS continued to provide technical assistance and a temporary operational subsidy to this PPP to expand the services to Khomas, Omaheke, and possibly Erongo regions through PPP agreements with the MoHSS, which may serve as a model for future partnerships in health. The SHOPS project's technical assistance is concentrated in the areas of contracting, expansion planning, PPP dialogue, development of a demand creation strategy, impact assessment, and the documentation of lessons learned. For HIV and AIDS services, this year, SHOPS invested in expanding HCT services and male circumcision (MC) awareness and referrals along the clinics' routes, and continued to investigate how the Mister Sister model could serve as a vehicle to provide ARVs to stable patients in rural and remote areas. To ensure HCT quality services, 13 Mister Sister staff members received training on HCT from I-Tech. Likewise, 11 MSMPHCC staff received MC training from the MoHSS' MC coordinator.

The expansion of the MSMPHCC to Omaheke and Khomas regions has progressed well. In Erongo, SHOPS is working with both Erongo Medical group and the MSMPHCC to determine areas of collaboration and complementarity given that the Erongo Medical Group also provides a number of mobile primary health care services in some parts of the region. SHOPS is particularly interested in making sure that should the MoHSS approve the provision of ARVs on mobile clinics, both providers have access to these life-saving drugs.

As evidenced by Year Four's service statistics, Mister Sister continues to attend to a steady number of patients.

Table 9: Annual Mister Sister Patients

# of patients by area	Total
Otjozondjupa	340
Otjozondjupa/Omaheke	3,463
Khomas	6,465
Total	10,268

Additionally, the clinics conducted a wellness screening of 760 people in Khomas and in a few farms in the Omaheke regions during the second quarter of the reporting period. 657 of those screened were provided HCT services and 61 tested positive. They were all referred to treatment and care. Of the 675, 427 were confirmed repeat testers while 204 were first time testers. During the fourth quarter, MSMPHCC tested 272 individuals for HIV. In total MSMPHCC tested 929 individuals for HIV in Year Four.

Nigeria

Overview

On August 22, 2011, Strengthening Private Sector Family Planning/Reproductive Health (SPS FP/RH) in Nigeria, a five-year Associate Award under the SHOPS mechanism, was awarded. The SPS FP/RH program builds on activities conducted under field support from USAID/Nigeria in 2010 and 2011, and ultimately seeks to improve the quality and sustainability of clinic-based FP/RH and MCH services in six focal states in Nigeria—Lagos, Kaduna, Benue, Nassarawa, Edo, and Abia.

Summary of key activities and outputs

Improved quality of private sector FP/RH services

In line with the mandate to improve access to and quality of FP counseling and services, especially long acting methods, numerous trainings on Family Wellness (FW), FP counseling (or the BCS), contraceptive technology update (CTU), clinical skills for LAM, and IPAC were held in this reporting period. A concept note that was submitted to USAID/Nigeria in July 2012 requesting an expanded scope that would also include MCH was approved in January 2013. In this year training modules on zinc/ORS and malaria in pregnancy were also created and added to the FW training to target pharmacists as well as to the CTU training to reach doctors, nurses, and midwives.

Family Wellness

137 community pharmacists from Lagos, Nassarawa, Abia, and Edo were trained in the two-day FW course. The FW course is a broad-based health course with FP at its core, but also teaches providers how FP and other health information (malaria, nutrition, and infection control) can be incorporated into regular client visits through counseling. Though not able to provide most FP methods, community pharmacists are typically the first stop within communities for health information. These pharmacists are also trained on referral practices and connected with trained private providers of FP in their communities. As of the end of the reporting period, the additional module on zinc/ORS and malaria in pregnancy has also been added to the FW course.

Balanced Counseling Strategy

318 nurses, midwives and doctors, attended the two-day BCS training, an interactive FP counseling course developed by the Population Council. This course is intended to give providers basic knowledge of all methods of FP and how to counsel women and men on the selection of an appropriate FP method for their needs. BCS is a very interactive and participatory course, and demonstrates the use of the BCS toolkit, which includes the counseling algorithm, counseling cards, and brochures. Participants who successfully complete this course are given a BCS toolkit for use in their clinic.

Contraceptive Technology Update

428 providers attended one of the four-day CTU trainings. The overall goal of the training is to provide participants with an update on the knowledge necessary to provide quality IUD and implant counseling and services. Participants are also given the opportunity to observe real procedures at local facilities. A training needs assessment is implemented to ensure that the training focuses on the specific needs of the participants. As of the end of the reporting

period, the additional module on zinc/ORS and malaria in pregnancy has also been added as an additional optional, but strongly encouraged, module to the course.

Clinical Skills for Long-acting Reversible Contraceptives

A four-day LARC clinical skills training is offered as a follow-on to the CTU training, and in this reporting period 349 private providers attended the course. This course builds the clinical skills of private doctors, nurses and midwives in LARC services. In line with SHOPS/Nigeria training guidelines, all of the participants had previously undergone CTU training. This previous experience enables the focus of the training to be on clinical skill improvement for IUD and implant insertion and removal. Though largely practical, participants are taken through a session on record keeping on day four of the training to introduce the importance of maintaining accurate service statistics—both for their own QA and for submission of this data to state Ministries of Health and SHOPS/Nigeria to help determine major areas of FP demand in the clinic and to avoid stock-outs.



Infection Prevention and Control

1159 people were trained (841 clinical staff and 318 non-clinical staff) during in-facility



IPAC trainings over the reporting period. IPAC training has the goal of increasing the quality of FP services in the private sector by improving hygiene and safety practices and procedures for all health facility staff members, from cleaners to doctors. All facilities completing the LARC training are required to participate in the IPAC training. The key areas covered in this course include hand washing, use of gloves, waste disposal, appropriate disposal of sharps, processing of instruments, general

housekeeping, and use of personal protective equipment.

Commodity Supply

One barrier that private providers face in Nigeria is lack of access to affordable FP commodities. In light of this constraint, SHOPS/Nigeria links trained providers with the Expanded Social Marketing Project in Nigeria as a source of commodities. Trained providers are also given seed stock to get them started using their updated skills. The following table shows the seed stock distribution activity by the project:

Table 10: FP Commodity Seed Stock Distributed - Nigeria July 2012-June 2013

	Lagos	Kaduna	Edo	Nassarawa	Total
	Units	Units	Units	Units	
IUCD	9411	4,800	0	0	14,211
Jadelle	2,345	880	0	0	3,225
Depo	22,840	7,150	630	2,200	32,820
OCs	22,800	5,700	1,050	2,200	31,750

Reaching Workplace Providers

One new area of focus for SHOPS/Nigeria in helping to reach scale in the private health sector is working with private health providers delivering on-site health services for employees in Nigerian workplaces. Many large Nigerian companies provide on-site health services to employees and to date, donor funding has largely focused on the provision of HIV/AIDS services to employees. Introducing FP/RH and MCH services at targeted workplaces is an important strategy to strengthen the private health sector in Nigeria and reach scale. SHOPS/Nigeria initiated program activity on the inclusion of workplace facilities in project implementation in May 2012 with initial meetings with the Nigeria Business Coalition Against AIDS, the National Employers Consultative Association, and the Live Well Initiative to discuss integrating FP/RH and MCH services at selected workplace-based health clinics. In the latter part of the year, the project furthered discussions with Nigeria Business Coalition Against AIDS and decided that they would conduct a desk assessment of their employer members in the project states to determine the best opportunities for a workplace pilot. They would also conduct an assessment of employers to determine their current capacity to deliver FP services as well as their interest in expanding in this area. The desk review was concluded in April 2013 and a report delivered highlighting the recommended companies in each state that are good candidates to work with the project. A plan to engage the companies is currently being developed and it is anticipated that the project will begin to actively work with these providers in the latter half of 2013.

Increased sustainability of private sector FP/RH services and private health providers

SHOPS/Nigeria is targeting independent clinic-based private providers to assist them in improving, expanding, and sustaining their practices by improving access to loans and business training. In 2010, SHOPS structured a DCA loan guarantee focused on health care providers. The DCA loan performance, when compared to the set loan disbursement targets, has exceeded expectations by a wide margin.



Acción Microfinance Bank (AMfB) has disbursed 317 loans valued at approximately US\$481,063 between July 2012 and June 2013. AMfB exceeded its DCA disbursement limit of US\$400,000 in approximately the middle of May 2012 and subsequent disbursements are not covered under the DCA. Nonetheless, a sign of success is that AMfB continues health lending without the guarantee. Most of AMfB's loans are working capital facilities to micro-sized health businesses such as patent medicine vendors, community pharmacies, and nursing/midwifery homes.

Diamond Bank had disbursed 10 loans valued at \$187,500 between July 2012 and June 2013. Cumulatively, Diamond Bank's lending level represents about 30 percent of its US\$8.3 million guarantee limit. Diamond Bank loans are typically given to small- and medium-sized clinics and diagnostic centers. Given the low level of lending and the increased competition in the market, Diamond Bank has been reassessing their health lending package with assistance from SHOPS/Nigeria.

One noteworthy development in the market is that some other banks have begun to show interest in health care finance since the launch of Diamond Bank's Mediloan product, including Fidelity Bank. Fidelity Bank introduced a product for the health sector with interest rates reported to range between 12 and 14 percent (significantly lower than Diamond Bank's interest rate). United Bank of Africa (UBA) has also made efforts to redesign and re-launch its moribund health finance offering. This foray into the health sector market indicates externalities or spill-over effects of the DCA mechanism and serves to further expand opportunities for access to finance in the private health sector without USAID support. The project began working with Fidelity Bank beginning in 2013 by providing TA for their health lending.

Table 11: Nigeria Loan Disbursement

	Acción Microfinance Bank		Diamond Bank		Fidelity Bank (Jan-June 2013)	
	Number of Loans	Amount (USD)	Number of Loans	Amount (USD)	Number of Loans	Amount (USD)
Oct 2010 – June 2011	123	140,594	36	1,026,694	N/A	N/A
July 2011 – June 2012	231	319,500	43	1,074,406	N/A	N/A
July 2012 – June 2013	317	481,063	10	187,500	38	891,019

Aside from loans, the sustainability of private providers is being addressed through business training courses. Over the past year, providers were given the opportunity to participate in courses on Managing a Healthy Business, Financing a Healthy Business, and Business Planning.

In Managing a Healthy Business, participants learn about basic business issues which are essential for sustainability of all types of businesses, with a particular emphasis placed on private health practices. Topic areas include: individual business challenges facing private providers; issues applicable to different stages of business development and the degree of competence and skills required of business managers; the six key dimensions of business management; significance of customer service and appropriate staffing for the stage of business development; and practical aspects of financial management and interpersonal skills. From July 2012 to June 2013, 425 private providers were trained in this course.

Financing a Healthy Business is a 2-day course that provides an introduction to financial management for a healthy business on day one, and then financing a healthy business on day two. In the reporting period, 394 private providers were trained. Upon successful completion of the course, one-on-one sessions of Business Counseling are offered. This is intended to give extra personalized assistance to those providers who desire it. As of June 2013, 107 providers had received Business Counseling.

Business Planning, which began in April 2013, exposes providers to the latest ideas on the usefulness and relevance of business planning for their healthcare practices, investment planning, and decision-making. The training involves identifying different types of financing, how developing a financing plan, and the need for market analysis to determine who competitors are and what their competitive edge is before investing in marketing strategies to attract consumers. Through June 2013, 144 private providers were trained in this course.

Increased use of private sector clinic-based FP/RH services through targeted communications and behavior change interventions

FP BCC materials are distributed to participants in all family planning trainings. Between January and June 2013, a total of 1,270 FP posters; 146,990 FP brochures; and 725 job aids were given to facilities and Community Health Promoters (CHP) to promote high-quality FP counseling. SHOPS/Nigeria also monitors performance of these participating facilities during supervisory monitoring visits to ensure proper display of FP posters and adequate stock and use of FP brochures.

Demand Creation

The project continues to work to increase demand for FP and MCH services through the training of community volunteers as Community Health Promoters (CHP). Interested trained facilities identify a volunteer, typically a retired professional, to be trained by the project as a CHP to work with their facility. The CHPs are from various backgrounds - grass root politicians, artisans, market women, police women, traders, nurses, retired teachers, house wives, among others. A total of 414 CHPs were trained during the reporting period. In the one-day SHOPS-sponsored orientation program, the community volunteers are trained as CHPs. These CHPs then go into the community to do FP and MCH promotion and refer interested clients back to the trained facility with which they work for counseling and services. The trained CHPs reside in the same catchment areas where the private health facilities are located. This is anticipated to further increase accessibility for clients being mobilized for services uptake.

Increased private sector participation in policy dialogue, collaboration, and partnerships between the public and private health sectors

There has been active follow up with the Family Health Unit of Federal MOH on securing the approval of the Hon. Minister of Health on the concept paper submitted by SHOPS in 2012 requesting access to the government's free FP commodities by the private sector. SHOPS responded in March 2013 to comments provided on the concept note by the Federal MOH and the concept note has been resubmitted to the Hon. Minister for his approval. SHOPS will commence the pilot exercise once the approval is given. SHOPS held a stakeholders meeting in May 2013 to update the partners on the status and highlight activities to be implemented in readiness for the pilot exercise. Private providers' interest to actively engage with the government is increasing and SHOPS believes the chances of success of a pilot program are high.

Increased knowledge about the private sector's contribution to FP/RH in Nigeria

SHOPS/Nigeria has completed an inventory/mapping of all private providers in the project's six focal states during the reporting period. A comprehensive list and database of private doctors, nurse-midwives, and community pharmacists, including the names of providers, locations (including addresses and geographic positioning system coordinates), size, and type of services offered has been created. This exercise will shed light on the profile of the existing private providers in each state. By quantifying the number of clinic-based private providers in each state, as well as providing an overview of their key FP/RH and MCH service statistics, the project can better advocate for the inclusion of the private health sector in state and national health policy decisions as well as better target the resources and activities of the project.

SHOPS/Nigeria is also implementing a rigorous impact evaluation of its access to finance program using a randomized control trial study design. After thorough review of the different training, loan and provider variables associated with the randomized control trial, the project, in consultation with USAID/Nigeria and independent researchers, decided to conduct three separate but related impact evaluations with each of the three types of private facilities. The first will evaluate the impact of offering FP and business training on clinics and hospitals. The second will evaluate the impact of offering FP training on nursing homes. Finally, the third will evaluate the impact of receiving a loan on community pharmacies.

The baseline study as a component of the project has been completed. The mapping, mystery client survey, and intensive facility search have been completed and a draft report has been sent to the USAID/Nigeria Mission for comment. The draft report presents results of a census of all formal private health facilities in the six states and will also serve as a baseline for the RCT study in Lagos state.

Paraguay

Overview

During the reporting time period, SHOPS completed activities in Paraguay. The project office had been closed at the end of June, 2012; however a few remaining tasks were completed after July 1st, 2012.

Summary of key activities and outputs

Improve the market positioning of CEPEP to help it become more self-sufficient

During the reporting period, SHOPS proceeded with the last phase of a campaign in order to better position CEPEP in the market. As previously reported, the third campaign phase consisted of a two-week media blast in July 2012, comprised of 54 TV airings of the CEPEP spot. The final run was complemented by the purchase of new branded linens at the clinics as well as prescription tablets and other branded paper goods at the end of SHOPS' project year three. This included over 200 branded white coats, 200 branded sheets, and close to 400 branded client smocks in order to foster the same 'feel' for a client in the clinic as they experienced in viewing the advertisements.

In addition, SHOPS purchased a sonogram for the San Lorenzo clinic, the busiest clinic in the network, and where clients are often referred outside of CEPEP for sonograms. The need for a modern sonogram machine was identified through a market study conducted earlier by SHOPS and as a direct result of client requests. The machine arrived in-country in July, 2012 and training on how to use the sonogram was provided by the vendor to the clinical personal shortly after. A handover ceremony was attended by SHOPS, CEPEP and USAID, including Deputy Mission Director, Steven Hendrix. The event also served as the final ceremony of USAID support to CEPEP.

Strengthen IPS' FP program

At the end of Year Three, SHOPS decided to conduct a process and implementation evaluation of the technical assistance program implemented with IPS in order to explore the effectiveness of SHOPS' support to IPS' FP program, both in terms of IPS capacity in providing FP services as well as of perceptions on quality of care and demand for FP services offered by IPS. Details on the process evaluation are written under Activity 2.1.5 (page 16) of this report.

An abstract titled, "IUDs: An Informed, Rational Choice for Women in Paraguay" has been accepted for a poster presentation at the 2013 International Conference on FP in Addis Ababa, Ethiopia which is based on the results from the IPS process and implementation evaluation.

Uganda

Overview

In Uganda, SHOPS implements the HBVP as part of the USG's Saving Mothers, Giving Life (SMGL) initiative. This project built on Marie Stopes Uganda's (MSU) established HBVP, extending it within the four SMGL districts in Western Uganda (Kamwenge, Kyenjojo, Kabarole, and Kibaale). SHOPS began implementing the program as a one-year program from March 2012 to April 2013, with \$1.49 million in funding from USAID/Uganda and a cost share of \$238,000 from MSU. The program has since been extended through September 2014 and will be scaled up from 24 to 39 facilities.

The project's strategic objective is to increase access to high quality MCH services for women of reproductive age. The intermediate results are two-fold:

- Increase access to comprehensive obstetric care for the poor in private health facilities.
- Improve and maintain quality of obstetric care within the private sector.

Vouchers are distributed at the community level by community based distributors at a cost to clients of 3,000 Ugandan Shillings (about USD \$1.20). Once purchased, the vouchers allow clients access to their choice of 24 accredited facilities without any additional payment. The voucher covers the following services:

- Four ANC visits, including treatment for malaria and other diseases that may occur during pregnancy and referral for prevention of mother-to-child transmission of HIV (PMTCT);
- Safe delivery, including care of complications, in a high quality facility with skilled attendants and sufficient supplies;
- Transportation services, such as ambulance or public transport, to a health facility; and
- PNC including nutrition and immunization advice and assistance in accessing FP.

Participating facilities are trained and accredited by MSU's clinical quality team and submit to regular quality technical assistance visits. Participating facilities are paid using an output-based approach in which they are reimbursed for claims after services are provided.

Summary of key activities and outputs

Selling of vouchers and training of Voucher community-based distributors

During the previous reporting period, voucher community-based distributors (VCBD) received training on voucher distribution, including the purpose of the voucher, client outreach and mobilization, voucher management, and redemption at voucher service providers (VSPs). During this reporting period, VCBDS sold the vouchers to eligible beneficiaries. All vouchers were sold.

Provider training

Voucher service providers (VSPs) at the accredited facilities were trained in providing ANC, safe delivery, and PNC services by the Association of Obstetricians and Gynecologists of Uganda (AOGU). Training involved both classroom exercises and hands-on lessons in the field. In addition, VSPs received on-the-job refresher mentoring from AOGU. Additional training in

postpartum IUD insertion, which some women choose for PPF, was also provided to Protestant facilities that provide FP services. Christian facilities opted-out of this training.

M&E

All accredited facilities underwent clinical audits by AOGU, and MSIs Medical Development Team. All facilities passed the clinical audit by over 80%, the threshold for accreditation by the HBVP. Through AOGU, MSU also conducted regular monitoring, quality assessment, and follow-up to ensure quality of service provision.

MSU conducted a client follow-up research study at the end of this period to evaluate voucher service utilization and assess program performance. 12 accredited facilities and 1,055 clients participated in this study. The main findings of the study include:

- 98% of clients were satisfied with the voucher service and would recommend the program to a friend;
- 99% of clients attended at least one ANC appointment during their pregnancy, and 69% attended all four visits; and
- 90% of clients considered the voucher cost affordable.

Claims processing and reimbursement

MSU carried out claims processing and vetting activities to ensure timely payment to service providers and control the potential for fraud. Providers submit claims at their convenience at area processing centers, and are reimbursed for their services on a monthly basis once vetting of the services is completed. Establishment of a new processing center in the project area helped increase the efficiency of the claims process.

BCC and community sensitization activities

BCC staff members conducted outreach on a regular basis through community sensitization campaigns. BCC activities shifted throughout the reporting period; earlier on in the reporting period, community sensitization focused on healthy pregnancy and delivery, and information on the voucher scheme to encourage pregnant women to purchase a voucher. As the voucher program progressed and vouchers were all sold, BCC activities shifted to promote uptake of voucher-provided services, especially safe delivery and PNC, since many women were at that latter stage of the voucher redemption cycle. Information was additionally disseminated via community events, media channels, and poster campaigns.

In addition, VCBs visited a sample of voucher clients who had already given birth in their homes in order to confirm voucher utilization, gauge client satisfaction and promote immunization services. This follow up confirmed that all women utilized at least one service offered through the voucher program and 99% client satisfaction with the services. However, 1% of the clients expressed some dissatisfaction due to long distances to the service delivery points, despite the inclusion in the voucher package of transport subsidies. Clients recommended that more VSPs are included in the program and accredited so that there are more options that are close to their homes.

HBVP promotional materials, including caps, bags, and aprons that were designed in quarter one, were also distributed, and participating VSPs received HBVP branding.

Meetings and workshops

MSU participated in numerous SMGL related fora including SMGL partner and review meetings, a workshop organized by Strengthening Decentralization for Sustainability (SDS), a USAID-supported project, and meetings held with USAID/Uganda mission officials to share project progress. MSU also conducted stakeholder meetings in all selected districts, aimed at increasing awareness and visibility of SMGL activities.

Table 12: Uganda Voucher Redemption May 2012 – June 2013

Indicator		Expected	Actual	% of Expected
Access to Care				
1	# of vouchers sold by VCBs to beneficiaries	10,888	10,888	100%
2a	# of ANC1 visits using a voucher	9,799	9,848	100%
2b	# of ANC2 visits using a voucher	4,900	6,026	123%
2c	# of ANC3 visits using a voucher	2,450	4,285	175%
2d	# of ANC4 visits using a voucher	500	2,514	503%
3	# of babies delivered using a voucher	6,533	7,632	117%
4	# of PNC visits using the voucher	2,613	4,149	159%
5	# of women seeking and receiving PPFP	120	54	45%
Quality to Care				
6	# of old facilities receiving refresher voucher training	6	6	100%
7	# of new facilities added	18	18	100%
8	# of providers trained in safe delivery*	46	48	105%
9	# of accredited facilities undergoing clinical audit*	23	24	105%
10	# of facilities passing clinical audit with $\geq 80\%$ grade*	23	24	105%

* One more facility than expected was added to be the HBVP facility, as it was a high performing facility under the Blue Start Network (a franchise network managed by MSU)

Note: indicators were set for the program period, and not by the annual reporting period. For consistency, the accomplishment of the entire program is presented here

Healthy Baby Voucher Program Statistics for entire program period (May 2012 – June 2013)

- All 53 VCBs were oriented on voucher management and redemption;
- Two voucher service providers were trained in provision of safe delivery services;
- 24 service providers were mentored on provision of safe delivery services;
- 14 service providers were trained in postpartum IUD insertion;
- 24 service providers were clinically audited for safe delivery services (all passing the audit);
- 35 radio talk shows were conducted;
- Nine safe motherhood days were conducted;
- 85 community sensitization sessions were conducted, reaching 5,245 clients;
- 110 clients received individual follow-up; and
- 18 district meetings were conducted.

Challenges

There were several major challenges faced by the program:

- There was significant demand for the voucher service that could not be met by the number of vouchers provided by the program.
- Mothers were less likely to utilize post-partum services than antenatal services. In the future, BCC efforts specifically related to post-partum services should be strengthened.
- There was low uptake of post-partum FP services as many providers were faith-based organizations that did not offer either FP counseling or services.
- There were other voucher programs with differing models operating in the same area which led to confusion and in some instances, overlapping of clients.

Conclusion

Despite these challenges, the program has been well-implemented and accepted by beneficiaries and stakeholders alike. The extremely high levels of uptake may be attributable to several important factors:

- Accessibility of health facilities (related to both closer facility locations and availability of transportation vouchers);
- Private providers engaged VCBDs and traditional birth attendants in mobilization for ANC services by providing them with incentives of 10% of the reimbursement cost for the service providers (a cost for which the providers themselves, not the project, were responsible);
- Intensified BCC activities that successfully encouraged clients to redeem the voucher for multiple services, especially later ANC appointments, safe delivery and PNC; and
- Better VCBD follow-up with individual clients.

The high redemption rate has already far surpassed expectations based on the previous voucher program, and illustrates that accessibility, continued BCC activities, and intensive follow-up can lead to client responsiveness.

Looking Ahead to Phase II

Although the voucher program was scheduled to conclude in April 2013, given the high levels of interest in and demand for the vouchers and services, SHOPS will receive funding from the USAID/Uganda mission for a program extension through September 2014. During this second phase, 15 new providers will be added to the network and significantly more vouchers will be printed to accommodate demand. SHOPS also plans to train the providers on the new standard of PMTCT set by the national government, and the voucher program will add the gold-standard PMTCT services to the package. Challenges met during the first phase will be addressed by a more focused BCC effort, especially in the uptake of post-partum services, ensuring coordination among implementing partners to avoid client confusion. Finally, SHOPS plans to conduct a program assessment to capture the specific elements contributing to the success of the HBVP.

Zambia

Overview

USAID/Zambia has been supporting the expansion of the private health sector using a number of strategies in recent years. USAID, using a combination of core funds and field support, began programming in Zambia in 2006 to expand access to financing for the private health sector. Since then, and through November 2009, SHOPS conducted market research on the health sector, developed and launched a business training program for private providers, conducted limited technical assistance to financial institutions, and worked with USAID to structure two DCA loan portfolio guarantees for private health providers.

In Years One through Four, the overall goal of the SHOPS project in Zambia has been to promote the growth of the private health sector, particularly the growth of those private providers offering FP/RH and MCH health services. To achieve this goal, technical assistance has focused on:

- Improving private health providers' financial management skills—especially in business planning and applying for financing.
- Strengthening financial institutions' knowledge and capability to lend to the private health sector.
- Expanding access to finance for private health care providers, particularly through loans guaranteed under the USAID DCA.
- Providing specific technical assistance to PMTIs in training health cadres to help mitigate the national human resource manpower requirements.
- Supporting the expansion of the Private Health Sector Business Society of Zambia.

Summary of key activities and outputs

Improve Private Provider's Financial Management Skills

In Year Two, SHOPS certified a number of trainers to deliver two business management trainings (Improving the Health of a Private Health Practice and Business Planning for Health Practitioners) to provide business management skills to private providers, including physicians, clinical officers, nurses, midwives, and pharmacists. In Year Four, the SHOPS banking consultant continued to monitor and evaluate the performance of the trainers certified in Year Two as they delivered six trainings to 59 providers in the Copperbelt region of Zambia and within the capital, Lusaka. In addition to these 59 providers, a total of 44 participants from three PMTIs attended a training session. As part of an effort to institutionalize the training program, participating private provider associations including the Zambia Medical Association, the Pharmaceutical Society of Zambia, the Association of Small Private Health Providers of Zambia, and the Zambia Union of Nurses Organisation covered most of the training expenses.

Pre- and post-tests administered with the training revealed that in Year Four, on average, there was a 25 percent increase in knowledge for private providers who attended Improving the Health of a Private Health Practice and an 18 percent increase in knowledge for private providers who attended Business Planning for Health Practitioners.

The SHOPS project conducts a survey of private providers who attended SHOPS training six months after the training to measure the percentage of private providers who obtain financing. Since the start of the SHOPS project, 22 percent of trained providers have obtained financing

within six months of receiving financial management training. This represents an increase from the baseline of 20 percent in 2009. Fewer providers are being trained but a higher percentage of them are receiving loans.

In addition to training providers, SHOPS continued to work to link private health providers to business development firms that could provide additional consulting in business and financial management and access to finance. As of June 2013, SHOPS had assisted in negotiating 8 contracts between private health care businesses and local business development providers. Most of these contracts involved the business development provider assisting in the development of business plans or financial systems, or the implementation of record systems. Services provided by the business development firm were financed by the private providers.

Strengthen Financial Institutions' Knowledge and Capability to Lend to the Private Health Sector

In Year Four, SHOPS focused its technical assistance on BancABC, one of the two commercial banks with a health sector DCA. The bank rolled out a small and medium enterprise product in April 2012 and has disbursed 12 loans to the health sector between July 2012 and June 2013. BancABC began re-negotiating the fixing of interest rates by the Central Bank and this led to a slight deceleration in loan processing over the last year.

In addition to providing technical assistance to BancABC, the SHOPS project continued to work with banks and borrowers to ensure a smooth lending process by:

- Identifying potential borrowers through financial management trainings;
- Organizing borrower meetings with banks' Relationship Managers;
- Assisting the banks in facilitating follow-up meetings with borrowers; and
- Explaining the specific lending requirements of the banks to potential borrowers.

In Year Four, the SHOPS project collaborated with several other banks to encourage them to consider private health providers for loans and other banking arrangements. SHOPS worked with Investrust Bank, Standard Chartered Bank, Stanbic Bank, Indo-Zambia Bank, UBA, Barclays Bank, and First National Bank. Indo-Zambia Bank and First National Bank are now offering student loans, which were initially only for applicants to public institutions. SHOPS suggested they also consider applicants attending private institutions and both banks have subsequently altered their products to make them available to those students. With UBA Bank, SHOPS held a series of meetings to discuss how the bank developed a successful pharmacy loan in Nigeria. Together, SHOPS and UBA developed a draft product for Zambia, which has been shown to members of the Pharmaceutical Society of Zambia. SHOPS is actively involved in facilitating the creation of this product as it is an opportunity that would help both parties—banks and pharmacists. Meetings have also been held with ZANACO Bank, although the DCA has come to an end, having booked only one loan on the guarantee in 2011.

As a result of the SHOPS project's efforts to expand access to finance in Zambia, a total of approximately \$1,706,500.00 equivalent has been lent to private health providers from the project start, many of whom have received business management training from the SHOPS project. However, In Year Four, only \$18,209 has been lent under the DCA guarantee—one pharmacist loan by BancABC and one medical equipment supply loan by Zamabia National Commercial Bank (ZANACO).

Work with 3 to 4 Selected PMTIs to Provide Technical Support

Building on findings from an assessment of PMTIs conducted with USAID core funds in Year Three, SHOPS has been working with these private sector actors to expand the medical workforce in Zambia through expanded business and management training as well as through revenue diversification and expanded access to financing for students and the training institutions. As mentioned above, SHOPS trained 44 representatives from three PMTIs in business management—each training session was customized to address the unique needs of each institution. Furthermore, SHOPS assisted 5 PMTIs to implement 14 business and financial management improvement strategies. Some of the strategies implemented included:

- Re-working the student fees repayment schedule to ensure steady cash flow;
- Implementing a costing of student training exercise to assist colleges in setting profitable and sustainable student fees;
- Exploring other revenue sources, such as selling promotional materials and running a business center to raise extra funds;
- Recruiting a business manager; and
- Designing a debt recovery system to address debt that had been affecting cash flow.



In addition to providing business and financial management support, the SHOPS project provided technical assistance to the private nursing colleges in Zambia which culminated in an important policy change. SHOPS organized a meeting in July 2012 between the Association of Private Nursing Colleges in Zambia and the GNC—the statutory board regulating delivery of nursing and midwifery services and the training of health professionals in these fields. The meeting was held to discuss the eligibility requirements

for students entering nursing and midwifery training. Many nursing colleges had been allowing students who had secondary credits in other sciences besides biology. The GNC had stipulated that students must have secondary school credits in English, mathematics, biology, and two additional subjects to enter nursing or midwifery training; however, many students did not have the biology credit but instead a credit in another science subject. Private nursing colleges had accepted students on the condition that they sit for their biology credit while beginning their professional training. The GNC decided that this was in violation of the entry requirements and demanded that all students without the biology credit discontinue their training, meaning that not only did students leave training courses, but it greatly limited the number of students eligible to apply for these programs.

After the meeting between the private nursing colleges and the GNC, the GNC agreed to consider a change in the policy if the private nursing colleges submitted a formal justification. SHOPS assisted them to write a justification and with it the GNC agreed to expand the entry requirement from biology to any science subject. This policy change allowed students to resume their studies and expanded the number of total students who could apply to these important private sector institutions.

Support the Expansion and Strengthen the Role of Private Health Sector Business Society of Zambia

Beginning in 2012, SHOPS has supported the Society of Private Health Sector Businesses of Zambia by holding meetings with the private health business associations' representatives and working towards the formal registration of the umbrella body. This Society seeks to bring all the private health providers under one umbrella, allowing the private sector to demonstrate a coordinated front to express concerns and to participate in the national health policy planning efforts, which has up to now had exclusively been done by the public sector. Other activities included mobilizing members to develop a membership record as well as supporting the organization to formalize their role as the recognized body for representing the interests of the private health sector.

Monitor and Evaluate Activities of SHOPS/Zambia

SHOPS developed a PMP for Year Four with 12 indicators measured on a monthly, quarterly, or annual basis to monitor project activities. SHOPS is on target for meeting its indicators for Year Four with the exception of health sector loan amounts booked under the DCAs. The percentage of private providers who demonstrated increased FP/RH provision after attending SHOPS training will be measured by the end of September 2013.

Annex A: Subawards Obligated

The following is a list of sub-awards obligated during Year Four of the project.

Sub-awardee	Year Four Obligated Amount
AITAM	41,361
Aquilent	34,886
CCA Jordan	1,562,330
CDC Solutions	90,733
CREATE	255,500
DBA Facilitating Change	15,000
EMAC Design	93,160
FHI 360	37,800
GUVS Jordan	819,752
Indian Society of Agribusiness Professionals (ISAP)	126,677
IPSOS Ghana	53,161
J&F Consult- Malawi	29,531
Jordan Pharmacists Association	219,580
Karnataka Health Promotion Trust (KHPT)	650,000
Makerere University	99,174
Media Edge Interactive	24,057
PharmAccess Foundation- Namibia	249,872
Population Services International- Malawi	63,124
Pratinidhi Samirti	30,775
Sigma-Pharmasynt	24,030
Sigma-Shakti	77,502
Sustainable Development	352,210
Tandem	153,034
Text to Change	140,140
TNS Global	40,747
Vision Africa	89,664
Access Afya	140,003
Afri-Can Trust	204,017
Afya Research Africa	92,388
CHI Pharma	25,000
Health Keepers	10,000
La Gray Chemicals	10,000
M&G Pharmaceuticals	10,000
Malawi Business Coalition	100,064
Olpham- Nigeria	20,347
Pharmaceutical Society of Uganda	64,663
Pharmacy Council	176,660
Precision Development Xperts	10,953

RATN	64,393
Tebita Ambulances	200,186
Telemed Medical Services	211,070
Zana Africa	153,510
MEMRB	305,885

Annex B: SHOPS Travel

The following is a list of SHOPS during this reporting period.

Start Date	End Date	Traveler Name	Country	Q	Purpose of trip
2-Jul-12	13-Jul-12	Nancy Natilson	Malawi	1	BlueStar training
7-Jul-12	14-Jul-12	Stephen Musau	Kenya	1	Health service costing
8-Jul-12 9-Jul-12	18-Jul-12 13-Jul-12	Tanvi Pandit Margaret Mensah	Kenya	1	Startup of field funded activities
10-Jul-12	15-Jul-12	Lisa Tarantino	Antigua	1	Identify private sector mapping champion and gauge interest
16-Jul-12	27-Jul-12	Josef Tayag	Malawi	1	Attend CHAM-MoH workshops and onboard new local consultant, Dr. Khomba
16-Jul-12	28-Jul-12	Margaret Kasaje	USA	1	SHOPS satellite session at International AIDS Conference
19-Jul-12	19-Jul-12	Tebogo Skwambane	Namibia	1	Kick off meeting for the NGO commercialization market research
21-Jul-12	29-Jul-12	Dawn Pereko	USA	1	SHOPS satellite session at International AIDS Conference
21-Jul-12	1-Aug-12	Nelson Gitonga	USA	1	SHOPS satellite session at International AIDS Conference
22-Jul-12	28-Jul-12	Edgar Lungu	USA	1	SHOPS satellite session at International AIDS Conference
22-Jul-12	28-Jul-12	Samwel Ogillo	USA	1	SHOPS satellite session at International AIDS Conference
23-Jul-12	4-Aug-12	Andrew Carmona	Malawi	1	Discuss work plan; monitor and develop RME activities
28-Jul-12	4-Aug-12	Benjamin Woodman	Ghana	1	Interviewer Training for Licensed Chemical Seller Survey
28-Jul-12	10-Aug-12	Piotr Korynski	Malawi	1	HRH/Student Loan Assessment
1-Aug-12	10-Aug-12	Pradeep Prabhala Mark Robertson Candice Mantasa Lilian Maina Ayanda Bam	Namibia	1	Design NGO consolidation strategy -- Round 1 Country Visits (interviews, data collection, etc)
12-Aug-12	18-Aug-12	Pam Riley	Dominica	1	Initiate mHealth Pilot
18-Aug-12	25-Aug-12	Caroline Quijada	Malawi	1	Discuss workplan with Mission and COP
20-Aug-12	24-Aug-12	Ayanda Bam Mark Robertson	Namibia	1	Interim travel to validate findings/ collect missing data/ for interim meetings
22-Aug-12	26-Aug-12	Minki Chatterji	Thailand	1	Attend IUSSP seminar on RH financing
27-Aug-12	1-Sep-12	Vicki MacDonald	Tanzania	1	Attend CHW workshop
30-Aug-12	31-Aug-12	Martha Merida	Paraguay	1	Hand over sonogram, ceremony with recipient (CEPEP) + USAID
1-Sep-12	10-Sep-12	Jordan Tucherman	Dominica	1	Conduct private sector mapping

1-Sep-12	12-Sep-12	Nelson Gitonga	Malawi	1	PPP Policy TA
1-Sep-12	8-Sep-12	Vicki MacDonald	Kenya	1	Discuss Zinc activities w/ USAID & partners
1-Sep-12 9-Sep-12	15-Sep-12 18-Sep-12	James White Jorge Ugaz	Uganda	1	Data collection and research design
4-Sep-12	4-Sep-12	Pradeep Prabhala	Namibia	1	Discussion of preliminary findings with SHOPS/Namibia project management
8-Sep-12	13-Sep-12	Vicki MacDonald Joseph Addo-Yobo	Nigeria	1	Workplan/Assessment zinc partnerships
10-Sep-12	14-Sep-12	John Mailiti	Malawi	1	Assesment of private provider associations
13-Sep-12 14-Sep-12 13-Sep-12	14-Sep-12	Tebogo Skwambane Pradeep Prabhala Mark Robertson Candice Mantasa	Namibia	1	Design NGO commercialization strategy -- Interim findings after modules 1 & 2
16-Sep-12	25-Sep-12	Kylie Ingerson	Antigua	1	Private Sector Mapping
16-Sep-12	26-Sep-12	Sherri Haas	St. Vincent	1	Private sector mapping
17-Sep-12	24-Sep-12	Stephen Rahaim Helen Li	Bangladesh	1	KAP study dissemination event
22-Sep-12	6-Oct-12	Pam Mutua	Namibia	1	Open bank account, scoping of new office space, train new Finance and Administration Officer, set up payroll
23-Sep-12	5-Oct-12	Joe Tayag	Malawi	1	Provide TA to CHAM to strengthen costing methods
25-Sep-12	3-Oct-12	Kylie Ingerson	St. Kitts	2	Private Sector Mapping Exercise
25-Sep-12	28-Sep-12	Mark Robertson Ayanda Bam	Namibia	1	Design NGO consolidation strategy -- Round 2 country visits
25-Sep-12	25-Sep-12	Minki Chatterji, Pam Riley, Randall Juras	North Carolina	1	Design study for consumer mHealth intervention with FHI
29-Sep-12	7-Oct-12	ASA Masud	US	2	COP Orientation
1-Oct-12	9-Oct-12	Danielle Altman	South Africa	2	Contracting Data Collection
1-Oct-12	15-Oct-12	Emily Sanders	Malawi	2	WaterGuard Pilot Set-up
1-Oct-12	5-Oct-12	Mark Robertson Ayanda Bam	Namibia	2	Design NGO commercialization strategy -- Interim travel to validate findings/ collect missing data/ for interim meetings
1-Oct-12	12-Oct-12	Nancy Natilson, Felistas Sibwese	Malawi	2	CHAM Business and Finance Training
4-Oct-12	19-Oct-12	Ilana Ron	Namibia	2	Finalize COP12 workplan; onboard new Private Sector specialist; participate in NGO commercialization strategy dissemination and finalization
6-Oct-12	10-Oct-12	Thierry van Bastelaer	Kenya	2	Technical orientation of Health Finance Officer; due diligence on requests for support of health finance innovations
7-Oct-12	20-Oct-12	Carlos Cuellar Andrew Carmona	Benin	2	Conduct Private Sector Assessment

8-Oct-12	15-Oct-12	Vicki MacDonald Joseph Addo-Yobo	Nigeria	2	Work planning
11-Oct-12 12-Oct-12	15-Oct-12 15-Oct-12	Mark Robertson Pradeep Prabhala	Namibia	2	Design NGO commercialization strategy -- Final Presentation of findings
13-Oct-12	27-Oct-12	Jeffrey Barnes	Cote d'Ivoire	2	Conduct key informant interviews and field visits.
13-Oct-12	17-Oct-12	Vicki MacDonald	Uganda	2	Work plan/ Assessment of zinc partnerships
15-Oct-12	25-Oct-12	Payal Hathi	Nigeria	2	In country data collection for ART modeling study
19-Oct-12	27-Oct-12	Kim Mckeon	Tanzania	2	Work with PMTIs
19-Oct-12	3-Nov-12	Marina Nado	Cote D'Ivoire	2	New office set up; training on finance
20-Oct-12	24-Oct-12	Ilana Ron	South Africa	2	Discuss and plan core circumcision activity with Deloitte South Africa
24-Oct-12	26-Oct-12	Lisa Tarantino	Belize	2	Present at annual PANCAP meeting
1-Nov-12	12-Nov-12	Piotr Korynski	Benin	2	Conduct Private Sector Assessment
3-Nov-12	11-Nov-12	Mbogo Bunyi	USA	2	COP Orientation
4-Nov-12	22-Nov-12	Colm Fay	Malawi	2	Provide TA to strengthen private sector provider associations. Support ProCap indexing of health clinics, gather data for report on indexing results so far.
6-Nov-12	7-Nov-12	Vicki MacDonald	Tanzania	2	Deliver Rural Access/ Quality Assessment
7-Nov-12 7-Nov-12	18-Nov-12 12-Nov-12	Meaghan Smith Nhu-An Tran	Ethiopia	2	Meet with local stakeholders, including banks and business training firms, to develop work plan for DCA program
10-Nov-12	18-Nov-12	Carlos Cuellar	Bolivia	2	Work plan launch meeting
11-Nov-12	17-Nov-12	Joe Contini	Dominica	2	mHealth Pilot
11-Nov-12	18-Nov-12	Sara Sulzbach, Barbara O'Hanlon	Tanzania	2	PSA Dissemination
12-Nov-12	16-Nov-12	Lisa Tarantino, Kylie Ingerson	Antigua	2	Handover Mapping Database and initiate PP forum
13-Nov-12	14-Nov-12	Vicki MacDonald	Atlanta, GA	2	ASTMH conference session on diarrhea management
16-Nov-12	9-Dec-12	Alejandra Mijares	Paraguay	2	Data collection for evaluation
19-Nov-12	20-Nov-12	Vicki MacDonald	New York	2	UN Commission Diarrhea Working Group meeting
22-Nov-12	23-Nov-12	Colm Fay	Ethiopia	2	Initial enterprise landscaping for Challenge Fund
26-Nov-12	7-Dec-12	Stephen Rahaim	India	2	Support the local team in work planning and startup
30-Nov-12	14-Dec-12	Soonie Choi	Namibia	2	Design a provider mapping study and interview research firms
2-Dec-12	7-Dec-12	Vicki MacDonald, Joseph Addo-Yobo	Uganda	2	Detailed work plan development with CHAI
3-Dec-12	10-Dec-12	Sayaka Koseki	Malawi	2	Develop success stories
8-Dec-12	15-Dec-12	Shalu Umapathy	Namibia	2	NGO Commercialization Pilot Kick-off
11-Dec-12	18-Dec-12	Joseph Addo-Yobo	Nigeria	2	Activity start-up

4-Jan-13	13-Jan-13	Shoshana Hecker	Zambia	3	Review program progress
5-Jan-13	12-Jan-13	Margaret Mensah	Namibia	3	Open bank account, scoping of new office space, train new Finance and Administration Officer, set up payroll
13-Jan-13	26-Jan-13	Josef Tayag	Malawi	3	CHAM/SLA costing study work
13-Jan-13	25-Jan-13	Louise Myers (consultant)	Malawi	3	Assessment of hospital efficiency
13-Jan-13	19-Jan-13	Shoshana Hecker	Tanzania	3	Review program progress and develop workplan for new activities in upcoming year
15-Jan-13	23-Jan-13	Chipo Mupure (consultant)	Malawi	3	CHAM lean management
19-Jan-13	26-Jan-13	Matthew Griffith	Ghana	3	Initiate program activities in Ghana
19-Jan-13	26-Jan-13	Piotr Korynski	Ghana	3	Initiate program activities in Ghana
21-Jan-13	29-Jan-13	Pam Riley, Doug Johnson	Kenya	3	Launch m4RH impact evaluation and clarify partner roles and responsibilities
21-Jan-13	2-Feb-13	Robin Keeley	Philippines	3	Design of LAPM core activity
21-Jan-13	31-Jan-13	Susan Mitchell	Philippines	3	Design of LAPM core activity
27-Jan-13	16-Feb-13	Colm Fay	Ethiopia, Kenya	3	Health Enterprise Fund launch
27-Jan-13	7-Feb-13	Vicki MacDonald	Malawi	3	Disseminate success stories and management oversight, attend SHOPS-USAID presentation
28-Jan-13	30-Jan-13	Joseph Addo-Yobo	Nigeria	3	Finalize work plan with lead partner, CHAI
29-Jan-13	3-Feb-13	David Njoroge	Tanzania	3	Training of new Finance Officer with Abt staff in Tanzania
30-Jan-13	9-Feb-13	Jordan Tuchman	Bolivia	3	M&E system implementation for ProSalud, TA
31-Jan-13	4-Feb-13	Joseph Addo-Yobo	Uganda	3	Activity start-up/finalize workplanning process
2-Feb-13	15-Feb-13	Nhu-An Tran	Ethiopia	3	Hire local staff and initiate program activities to support access to finance and strengthen business management capacity
2-Feb-13	7-Feb-13	Wahid Chowdhury	Jordan	3	Technical exchange on provider behavior change
3-Feb-13	10-Feb-13	Michael Rodriguez	Antigua	3	Develop action plan for public-private health information exchange
4-Feb-13	8-Feb-13	Nelson Gitonga	Malawi	3	TA on development of PPP strategy and dialogue forum, follow-up on PPP Meetings
6-Feb-13	17-Feb-13	Josef Tayag	Kenya	3	Provide technical Assistance to CIC on M&E dashboard for their health insurance products and on developing market research tools; recruit health insurance IEC consultant and distribution/marketing consultant
6-Feb-13	8-Feb-13	Kylie Ingerson	NYC, NY	3	Attend GETHEALTH Summit

17-Feb-13	23-Feb-13	Lisa Tarantino	Antigua	3	Technical support to the PPP health sector task force
18-Feb-13	22-Feb-13	Gael O'Sullivan	Senegal	3	Social marketing assessment for this product
19-Feb-13	23-Feb-13	Liz Nugent, Kylie Ingerson	Barbados	3	Meeting of Community of Practice development team
23-Feb-13	26-Feb-13	Rose N'goma, Mafase Ng'ong'ola Sesani	Zambia	3	African Christian Health Associations Platform
24-Feb-13	28-Feb-13	Alex Dianga	Zambia	3	Outreach and recruitment of N4A members at African Christian Health Associations Platform conference
24-Feb-13	8-Mar-13	Joe Tayag	Grenada	3	Health Insurance Industry Assessment
24-Feb-13	27-Feb-13	Kylie Ingerson	St. Kitt's	3	Handing over the results of mapping of private providers (follow on to Barbados trip above)
25-Feb-13	28-Feb-13	Austine Mazinga	Zambia	3	Attend ACHAP Conference
25-Feb-13	27-Feb-13	Colm Fay	Zambia	3	Attend ACHAP Conference
25-Feb-13	27-Feb-13	Dawn Crosby	St. Kitt's	3	Handing over the results of mapping of private providers
27-Feb-13	2-Mar-13	Colm Fay	Tanzania	3	East African Health Federation Conference
27-Feb-13	1-Mar-13	Timothy Kachule	Tanzania	3	Attend East Africa Health Care Federation Conference
28-Feb-13	1-Mar-13	James White	Tanzania	3	PSA country launch
28-Feb-13	1-Mar-13	Mbogo Bunyi, Walter Okok, Samuel Mwenda, Nelson Gitonga	Tanzania	3	Attend EAHF Conference on Public-Private Partnerships with the PPP-HK delegation
1-Mar-13	14-Mar-13	Robin Keeley	Bangladesh	3	Begin EBM activities
1-Mar-13	14-Mar-13	Stephen Rahaim	Bangladesh	3	Management and technical oversight
3-Mar-13	9-Mar-13	Colm Fay	Malawi	3	Stakeholder meetings to prepare for Procap/Mapping Dissemination
5-Mar-13	15-Mar-13	Felistas Sibwesi	Malawi	3	Business management/finance training and TOTs for CHAM facilities
5-Mar-13	15-Mar-13	Joseph Addo-Yobo	Nigeria	3	Meet with Gates Foundation, orient Zinc Program Coordinator and meet with Manufacturers
5-Mar-13	8-Mar-13	Vicki McDonald	Nigeria	3	Meet with Gates Foundation, orient Zinc Program Coordinator and meet with Manufacturers
8-Mar-13	25-Mar-13	James White	Cote d'Ivoire	3	Collect additional information for the PSA
9-Mar-13	15-Mar-13	Piotr Korynski	Ghana	3	Negotiate terms of the factoring product with banks and credit guarantee agency

10-Mar-13	22-Mar-13	Matthew Griffith	Ghana	3	Implement the NHIA accreditation training and technical assistance process
10-Mar-13	16-Mar-13	Minki Chatterji	Rwanda	3	Attend HANSHEP meeting
11-Mar-13	12-Sep-13	Andrea Tang, Ilhame Ouansafi, Leonardo Zanella	Malawi	3	6 month placement of MBA volunteers to CHAM facilities
11-Mar-13	15-Mar-13	Beryl Nyamwange	Malawi	3	Conduct MBA volunteer orientation and induction meetings
15-Mar-13	23-Mar-13	Shoshana Hecker, Ilana Ron	South Africa	3	Conduct workshops at RATN Capacity Summit
17-Mar-13	12-Apr-13	Berry Kennedy, Erin Potocki, Robert Dirkson, Ondrej Ledabyl	Uganda*	3	MAP project implementation
18-Mar-13	21-Mar-13	Daniel Adero	South Africa	3	RATN Capacity Summit-N4A booth and recruitment
18-Mar-13	22-Mar-13	Esther Chikopela, Dr. Anne Phiri, John Mudenda	South Africa	3	Attend and participate in SHOPS sessions at RATN Capacity Summit
18-Mar-13	28-Mar-13	Joseph Addo-Yobo	Uganda	3	Initiation of project activities, finalization of MOUs with partners
18-Mar-13	30-Mar-13	Marc Luoma	Malawi	3	Provide governance training to CHAM facilities
18-Mar-13	30-Mar-13	Shalu Umapathy	Uganda	3	Social marketing assessment for this product
18-Mar-13	22-Mar-13	Tobias Swai, Fratern Kilasara	South Africa	3	Attend and participate in SHOPS sessions at RATN Capacity Summit
24-Mar-13	5-Apr-13	Josef Tayag	Jordan	4	Support health insurance study
29-Mar-13	9-Apr-13	Dawn Crosby	Bolivia	4	Financial management improvement, TA
29-Mar-13	13-Apr-13	Jordan Tuchman	Bolivia	4	Followup on M&E activity, meet with Prosalud team and potentially with USAID
29-Mar-13	7-Apr-13	Joseph Addo-Yobo	Nigeria	4	Testing Zinc/ORs marketing materials, meeting with Joe Wilson from USAID
30-Mar-13	9-Apr-13	Shoshana Hecker	Ethiopia	4	Implement Access to Finance and business planning training
1-Apr-13	4-Apr-13	Minki Chatterji	India	4	Discuss synergies between SHOPS India research and other SHOPS Pop core global research and provide QA to India research
2-Apr-13	5-Apr-13	Dineo Dawn Pereko	Zambia	4	Attend a three day regional conference organized by PEPFAR, Bill and Melinda Gates Foundation, and the Zambian MoH to discuss issues around demand creation for VMMC .
3-Apr-13	15-Apr-13	Kylie Ingerson	St. Vincent/ Grenadines	4	SVG mapping database handover

7-Apr-13	13-Apr-13	Benjamin Botwe (consultant)	Malawi	4	Poisons and Pharmacy Board TA/strengthening
7-Apr-13	13-Apr-13	Ilana Ron	Botswana	4	Meet with key stakeholders to plan for upcoming PSA
8-Apr-13	12-Apr-13	Nelson Gitonga	Malawi	4	Hold PPP-TWG workshop to develop the PPP Strategy
10-Apr-13	20-Apr-13	James White	Malawi	4	TA to Malawi Business Coalition for AIDS (MCBA) grant implementation and monitoring
10-Apr-13	13-Apr-13	Minki Chatterji, Jorge Ugaz	New Orleans	4	Attend Population Assoc of America conference and make presentations (Ghana RCT study, Bangladesh KAP study, Nigeria mapping)
14-Apr-13	19-Apr-13	Chipo Mupure (consultant)	Malawi	4	Provide Lean Six Sigma training to 5 CHAM facility staff
14-Apr-13	20-Apr-13	Piotr Korynski	Ghana	4	Factoring TA to banks
15-Apr-13	17-Apr-13	Akiba Reid	St. Vincent/ Grenadines	4	SVG mapping database handover
15-Apr-13	19-Apr-13	Tanno Pieters (Banyan consultant)	Ghana	4	Work with banks on factoring
19-Apr-13	29-Apr-13	Akiba Reid	Dominica	4	Handover mapping results and follow-up on mhealth pilot activities
19-Apr-13	29-Apr-13	Kylie Ingerson	Dominica	4	Handover mapping results and follow-up on mhealth pilot activities
22-Apr-13	10-May-13	Robin Keeley, Abigail Vogus	Philippines	4	LAPM Assessment
23-Apr-13	24-Apr-13	Arun Monga	Washington, DC	4	Financial review of India activities, discuss new tax rules in India and how to update project's financial procedures
24-Apr-13	4-May-13	Michael Rodriguez	Antigua	4	support the HIS working group of the PPP health sector task force
28-Apr-13	3-May-13	Natasha Hsi	Madagascar	4	Attend training of trainers for randomized control evaluation of pregnancy test kits
29-Apr-13	29-Apr-13	Berry Kennedy, Erin Potocki, Robert Dirkson, Ondrej Ledabyl	Washington, DC	4	MAP project final presentation
3-May-13	13-May-13	Beryl Nyamwange	Malawi	4	Make 45th day site visit to facilities assigned with long-term MBA volunteers
4-May-13	17-May-13	Ilana Ron, Tanvi Pandit, Thierry van Bastelaer	Botswana	4	Implement private sector assessment
5-May-13	11-May-13	Gardenia Richardson, National AIDS Program Coordinator, St. Kitt's	Antigua	4	Meet with the director of ABHAN for potential replication of peer support PPP in St. Kitt's for PLWHA
5-May-13	16-Jul-13	Sara Joseph	Ghana	4	Conduct qualitative research on motivators and barriers to provider prescribing behaviors

15-May-13	17-May-13	Stephen Rahaim	New York	4	Participation in GBCHealth Conference and representing Jordan project as award nominee
17-May-13	3-Jun-13	Lisa Tarantino	Antigua	4	Participate in the PPP health sector task force meeting
20-May-13	1-Jun-13	Reena Yasmin (MSI)	Malaysia	4	Attend/support SHOPS at Women Deliver Conference
23-May-13	4-Jun-13	Kylie Ingerson	Jamaica	4	Attend a sustainability planning conference
25-May-13	31-May-13	Susan Mitchell, Robin Keeley, Dawn Crosby	Malaysia	4	Attend/present at Women Deliver Conference
27-May-13	31-May-13	ASA Masud	Malaysia	4	Attend/present at Women Deliver Conference
27-May-13	3-Jun-13	Kelsi Kriitmaa	Ethiopia	4	Preliminary work with MSI Ethiopia co-investigator of TL task sharing clinical research to prepare for data collection and field work
29-May-13	31-May-13	Mbogo Bunyi	Washington, DC	4	Meet with HQ staff to work plan
29-May-13	3-Jun-13	Timothy Kachule	Washington, DC	4	Meet with HQ staff to work plan
1-Jun-13	12-Jun-13	Jorge Ugaz	Uganda	4	Interviewer training and piloting of surveys
1-Jun-13	11-Jun-13	Tanno Pieters (Banyan consultant)	Ghana	4	Work with banks on factoring
2-Jun-13	9-Jun-13	Ram Ganesen	Washington, DC	4	Presentation at USAID
5-Jun-13	7-Jun-13	Pamela Riley	New York	4	Represent SHOPS at in HIP TAG on mhealth
8-Jun-13	11-Jun-13	Joseph Addo-Yobo	Washington, DC	4	Confer with SHOPS staff during Abt COP meetings
10-Jun-13	11-Jun-13	Bettina Brunner	Washington, DC	4	Meet with Banyan and SHOPS team regarding Ethiopia FS activities
11-Jun-13	19-Jun-13	Matthew Griffith	Ghana	4	Training of flow down trainers
16-Jun-13	22-Jun-13	Bettina Brunner	Ivory Coast	4	Private sector assessment findings and recommendations dissemination workshop and launch of the PPP dialogue platform
16-Jun-13	23-Jun-13	Jeffrey Barnes	Ivory Coast	4	Private sector assessment findings and recommendations dissemination workshop
19-Jun-13	20-Jun-13	Susan Mitchell	New York	4	Attend meeting of UN Commission on Essential Maternal and Child Health Commodities

21-Jun-13	23-Jun-13	13 travelers (1 selection committee member, 1 consultant providing TA, 10 applicants from Ethiopia, 1 applicant traveling from Uganda)	Kenya	4	Attend Health Enterprise Fund launch event
21-Jun-13 16-Jun-13 16-Jun-13 16-Jun-13	23-Jun-13 24-Jun-13 24-Jun-13 24-Jun-13	Caroline Quijada, Colm Fay, Montana Stevenson, Elizabeth Corley	Kenya	4	Organize and host Health Enterprise Fund launch event
22-Jun-13	26-Jun-13	Bettina Brunner	Benin	4	Meeting with the MOH and potential partners including the World Bank, UNICEF, and Africare to determine their interest in participating in mapping 8,000 community health workers
23-Jun-13	30-Jun-13	Meira Neggaz	Guatemala	4	Conduct a pre-assessment trip for Activity 1 and 2 in Guatemala SOW
25-Jun-13	27-Jun-13	Patricia Griffin	Nigeria	4	Targeted search and applicant workshop for Health Enterprise Fund for Nigeria
30-Jun-13	12-Jul-13	Joe Tayag	Kenya	4	Technical Assistance to insurance provider, CIC

Annex C: Environmental Mitigation Report

During Year Four, the SHOPS project created 13 country-specific environmental mitigation and monitoring plans. The monitoring plans include mitigation measures for both core- and field-supported activities with potential environmental impacts in those countries. The SHOPS project also assessed its core-funded activities and found that there were no core-funded activities with anticipated environmental impacts in any other countries beyond the thirteen for which plans were created. All plans were submitted to Mission environmental officers, the Global Health Bureau environmental officer, and the project agreement officer's technical representative in Washington (Maggie Farrell).

This report includes the environmental mitigation and monitoring reports for seven of the thirteen countries where the plans identified specific environmental impacts that could result from project activities (see list below). For those countries, the corresponding plan that identifies the mitigation measures SHOPS staff would pursue is also included. For any activities that had no anticipated environmental impacts, such as training programs, studies, or research workshops, no report is included in this section (this includes all activities in six of the countries – Bolivia, Eastern Caribbean, Ethiopia, Jordan, Kenya, and Zambia). Activities with no anticipated environmental impacts were categorically excluded, per Title 22 of the Code of Federal Regulations, Regulation 216 (22 CFR 216), subparagraph 2(c)(2)(i), subparagraph 2(c)(2)(iii), and subparagraph 2(c)(2)(vi).

Countries with Environmental Mitigation and Monitoring Reports

- Bangladesh
- Ghana
- India
- Malawi
- Namibia
- Nigeria
- Uganda

For country-level programs that are new or expanding in Year Five, SHOPS will produce new or updated mitigation plans and report out on the status of those plans in the Year Five Annual Report.

Bangladesh – Environmental Mitigation and Monitoring Plan

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PIEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Education, technical assistance, training for those activities that directly or indirectly generate hazardous medical waste, etc.	SHOPS will coordinate and provide training on clinical skills and related knowledge for long acting and permanent methods of family planning (LA/PM) and injectables. This training will be for providers at private medical facilities including for profit hospitals and private medical school affiliated hospitals.	Clinical skills modules on long-acting, permanent, and injectable contraceptive methods will include information on proper disposal of medical waste (including sharps) resulting from clinical delivery of these family planning methods.	SHOPS staff in Bangladesh.	Environmental impact included in training curriculum and protocols and other materials.	Review of materials.	Once to approve materials.
2. Procurement, storage, management, and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements,	SHOPS will assist individual facilities in planning for and purchasing implants and IUDs and provide necessary logistical support for proper stock management.	SHOPS Bangladesh will work with each individual facility to ensure they have the infrastructure to properly store implants and IUDs, including rooms with appropriate temperature controls and product storage away from direct sunlight and moisture. SHOPS will ensure facilities have a	SHOPS staff in Bangladesh.	Number of targeted facilities with compliant storage and waste management systems for implants and IUDs.	Integrated QA visits made to each facility.	Two QA visits will be made each year beginning after a facility begins providing services.

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PIEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
laboratory supplies and reagents.		waste management system for proper disposal of removed implants and IUDs, including recommending return to the manufacturer for expired products.				

Bangladesh – Environmental Mitigation and Monitoring Report

List each Mitigation Measure from column 3 in the EMMP Mitigation Plan (EMMP Part 2 of 3)	Status of Mitigation Measures	List any outstanding issues relating to required conditions	Remarks
Clinical skills modules on long-acting, permanent, and injectable contraceptive methods will include information on proper disposal of medical waste (including sharps) resulting from clinical delivery of these family planning methods.	The clinical skills modules are available and used by the existing private facility for proper disposal of medical waste (including sharps) resulting from clinical delivery of LA/PM.	None	
SHOPS Bangladesh will work with each individual facility to ensure they have the infrastructure to properly store implants and IUDs, including rooms with appropriate temperature controls and product storage away from direct sunlight	SHOPS Bangladesh performs regular QA checks for each facility trained (two a year). To date SHOPS not found any facility to violate the storage conditions for LA/PM. All facilities participating have	None	

and moisture. SHOPS will ensure facilities have a waste management system for proper disposal of removed implants and IUDs, including recommending return to the manufacturer for expired products.	implemented a strict waste disposal management system.		
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Ghana – Environmental Mitigation and Monitoring Plan

Category of Activity from Section 4 of PEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PEE)	Description of Mitigation Measures for these activities as required in Section 5 of PEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Procurement, storage, management, and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents.	SHOPS may procure zinc sulfate for training and demonstration purposes. Improper disposal could have negative environmental impacts.	SHOPS staff will ensure that any products purchased for training or demonstration purposes will be stored according to the information provided on the manufacturer's Materials Safety Data Sheet and that if disposal is required, due to expiration date or any other reason, SHOPS staff will attempt to	SHOPS Staff in Ghana.	Documentation of storage of zinc according to manufacturer's Materials Safety Data Sheet and if necessary, disposal of expired or otherwise unusable product also documented.	SHOPS staff in Ghana will make note of zinc purchased, how it is stored, and if disposed of, method of disposal.	Annual

Category of Activity from Section 4 of PEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PEE)	Description of Mitigation Measures for these activities as required in Section 5 of PEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
		return it to the manufacturer or dispose of it according to Ghana's National Food and Drug Authority guidelines.				

Ghana – Environmental Mitigation and Monitoring Report

List each Mitigation Measure from column 3 in the EMMP Mitigation Plan (EMMP Part 2 of 3)	Status of Mitigation Measures	List any outstanding issues relating to required conditions	Remarks
SHOPS staff will ensure that any products purchased for training or demonstration purposes will be stored according to the information provided on the manufacturer's Materials Safety Data Sheet and that if disposal is required, due to expiration date or any other reason, SHOPS staff will attempt to return it to the manufacturer or dispose of it according to Ghana's National	SHOPS staff members purchase a small quantity of products for use in training and demonstration. Supplies are stored in a cool, protected area and expiration dates are carefully monitored. No actions to dispose of expired product have been necessary to date.		

Food and Drug Authority guidelines.			
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India – Environmental Mitigation and Monitoring Plan

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Education, technical assistance, training for those activities that directly or indirectly generate hazardous medical waste, etc. (including procurement, storage, management, and disposal of public health commodities, including pharmaceutical drugs, immunizations	a. SHOPS will train village health champions (VHCs) on how to market and sell baskets of health commodities, including oral contraceptive pills, condoms, sanitary napkins, reading glasses, and nutritional supplements and potentially ORS and pain relief balm. Improper disposal of unused commodities could lead to negative environmental impacts.	a. Trainees will be instructed to store commodities according to the Materials Safety Data Sheet provided by the manufacturer and to dispose of unused or expired pharmaceuticals by returning to the manufacturer or, if not possible, according to nationally relevant guidelines. Channel Health Champion (VHC supervisor) will be instructed to conduct quarterly follow-ups with VHCs regarding storage practices.	a. Channel Health Champion. Channel Health Champion.	a. Training modules covering discussion of proper storage, transport, and disposal practices for pharmaceuticals included in education, technical assistance, training and other materials. Channel Health Champion conducts follow-up checks.	a. Review of training materials. Channel Health Champion will report non-compliance	a. Semi-Annual Quarterly

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
and nutritional supplements, laboratory supplies and reagents).	b. Improper disposal of injectable contraceptives or needles by doctors and paramedics could have adverse environmental impacts.	<p>b. Doctors and paramedics will be trained and instructed in proper disposal of medical waste (including sharps) resulting from clinical delivery of injectable contraceptives.</p> <p>SHOPS staff will conduct QA follow-up visits to increase adherence to WHO criteria and guidelines for screening and counseling of clients, safe injection practices, and stocking of injectable contraceptives.</p>	<p>b. Capacity Building Manager, SHOPS India</p> <p>Capacity Building Manager, SHOPS India</p>	<p>b. Training modules and other literature will include discussion of proper storage, transport, and disposal practices for pharmaceuticals included in education, technical assistance, training and other materials.</p> <p>QA visit reports will demonstrate adherence to storage and disposal protocols.</p>	<p>issues.</p> <p>b. Review of training materials.</p> <p>Review of reports on supportive supervision follow-up visits.</p>	<p>b. Semi-Annual</p> <p>Semi-Annual</p>

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
	<p>c. Improper disposal of unused or expired products by Chemists could have negative environmental impacts.</p> <p>d. Expanding provider capacity building tools to include additional information on management of TB-HIV, drug-resistant TB, TB-diabetes and</p>	<p>c. Chemists and other trainees will be instructed on stocking, distribution and to store commodities according to the Materials Safety Data Sheet provided by the manufacturer and to dispose of unused or expired pharmaceuticals by returning to the manufacturer or if not possible according to nationally relevant guidelines.</p> <p>d. Capacity building tools discussing management of TB-HIV, drug-resistant TB, TB-diabetes and TB associated with malnutrition will instruct trainees on infection prevention and proper disposal of hazardous medical waste, including sputum.</p>	<p>c. Capacity Building Manager, SHOPS India</p> <p>d. Program Manager, SHOPS India</p>	<p>c. Discussion of proper storage, transport, and disposal practices for pharmaceuticals included in education, technical assistance, training and other materials.</p> <p>d. Tools to include information on infection prevention and disposal of hazardous medical waste.</p>	<p>c. Review of training materials.</p> <p>d. Review of tools.</p>	<p>c. Semi - annual</p> <p>d. Semi-annual</p>

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
	TB associated with malnutrition. Training in these services could increase provision of these services which have the potential to generate hazardous medical waste.	SHOPS staff will develop a checklist to use during supervisory visits to ensure providers are following protocols for waste disposal discussed in training.	Capacity Building Manager, SHOPS India	Supportive supervision reports demonstrate adherence to waste disposal protocols.	Review of reports on supportive supervision follow-up visits.	Annual
2. Activities involving blood testing, care, treatment and have potential to generate hazardous health waste.	SHOPS will assist in scaling up a sputum collection and transportation pilot. Improper disposal of sputum could have negative environmental impacts.	Capacity building tools will instruct collectors and transporters of sputum as well as laboratories in safe transport and disposal of sputum samples.	Capacity Building Manager, SHOPS India	Tools to include information on infection prevention and disposal of hazardous medical waste, specifically sputum.	Review of capacity building tools.	Annual
		SHOPS staff members will develop a checklist for supportive supervision visits to ensure that collectors, transporters, and laboratories are following global and national	Capacity Building Manager, SHOPS India	Supportive supervision reports demonstrate adherence to infection control and waste disposal protocols.	Review of reports on supportive supervision follow-up visits.	Annual

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
		guidelines for TB infection control, including safe transport and disposal of sputum.				

India – Environmental Mitigation and Monitoring Report

List each Mitigation Measure from column 3 in the EMMP Mitigation Plan (EMMP Part 2 of 3)	Status of Mitigation Measures	List any outstanding issues relating to required conditions	Remarks
a. Trainees will be instructed to store commodities according to the Materials Safety Data Sheet provided by the manufacturer and to dispose of unused or expired pharmaceuticals by returning to the manufacturer or, if not possible, according to nationally relevant guidelines. Channel Health Champion (VHC supervisor) will be instructed to conduct quarterly follow-ups with VHCs regarding storage practices.	There is no environment threat at present because sales of health products including oral contraceptive pills, condoms, sanitary napkins, reading glasses, nutritional supplements, ORS and other products are yet to begin. The partnership with the product partners will be formalized during the second year of the program (SHOPS Year Five). The Materials Safety Data Sheet (MDS) will be collected from manufacturer/ followed nationally relevant guidelines. Modules covering discussion of proper storage, transport, and disposal practices based on MDS/nationally relevant guidelines will be included in training curriculum of VHCs. A checklist for Channel Health Champion (VHC supervisor) for monitoring mitigation measures followed by VHCs will be developed, administered and reported quarterly.		
b. Doctors and paramedics will be	A module containing discussion of proper storage, transport, and		

trained and instructed in proper disposal of medical waste (including sharps) resulting from clinical delivery of injectable contraceptives. SHOPS staff will conduct QA follow-up visits to increase adherence to WHO criteria and guidelines for screening and counseling of clients, safe injection practices, and stocking of injectable contraceptives.	disposal practices will be included in training curriculum. A checklist for Area Managers to monitor adherence to storage and disposal protocols by doctors and paramedics will be developed, administered and reported semi-annually.		
c. Chemists and other trainees will be instructed on stocking, distribution and to store commodities according to the Materials Safety Data Sheet provided by the manufacturer and to dispose of unused or expired pharmaceuticals by returning to the manufacturer or if not possible according to nationally relevant guidelines.	The Materials Safety Data Sheet (MDS) will be obtained from manufactures/ followed nationally relevant guidelines. Modules covering discussion of proper storage, transport, and disposal practices based on MDS/ nationally relevant guidelines will be included in educational material. The materials will reviewed and reported semi-annually		
d. Capacity building tools discussing management of TB-HIV, drug-resistant TB, TB-diabetes and TB associated with malnutrition will instruct trainees on infection prevention and proper disposal of hazardous medical waste, including sputum. SHOPS staff will develop a checklist to use during supervisory visits to ensure providers are following protocols for waste disposal discussed in training.	There is no environmental threat at present because advanced training of doctors pertaining to management of TB-HIV, drug-resistant TB, TB-diabetes and TB is yet to begin. Doctor trained will not be handling sputum or any other sample but will be referring patients for test to laboratories and/or sample collection centers. A checklist for program managers for monitoring mitigation measures followed by doctors will be developed and reported annually.		

Capacity building tools will instruct collectors and transporters of sputum as well as laboratories in safe transport and disposal of sputum samples. SHOPS staff members will develop a checklist for supportive supervision visits to ensure that collectors, transporters, and laboratories are following global and national guidelines for TB infection control, including safe transport and disposal of sputum.	There is no environmental threat at present because sputum collection and transportation (SC&T) is yet to start. Training module for collectors and transporters of sputum as well as laboratories will include information on infection control and proper disposal of sputum. The training materials will reviewed and reported annually.		
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Malawi – Environmental Mitigation and Monitoring Plan

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Education, technical assistance, training for those activities that directly or indirectly generate hazardous medical waste,	Grant to the Malawi Business Coalition against AIDS will be used to conduct training in clinical skills for tuberculosis (TB) treatment. This training will be done in collaboration with	Training will discuss infection control measures for health workers, including wearing masks, washing hands, employing room ventilation techniques, creating treatment rooms with negative	SHOPS staff in Malawi and MBCA staff.	Training materials include appropriate infection prevention and waste disposal information. All participants must pass completion exam to assure their understanding of the material. Follow-up	1. Training reports will be submitted to SHOPS staff as part of grant reporting and will be reviewed to ensure trainings were compliant.	1. Review of training reports and training materials

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
etc.	the MOH's TB Control Program and has the potential to generate biomedical waste.	pressure, and properly disposing of sharps and other biomedical waste such as sputum.		with trainees to see if practices taught at trainings are being implemented in their clinics.	2. Quarterly reports from MBCA staff of supervisory visits to clinicians and doctors trained under program.	2. Quarterly
2. Procurement, storage, management, and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents.	<p>a. SHOPS activities will include promoting the sale of WaterGuard as well as distributing HTH chlorine for water treatment. Improper disposal of either of these products could have negative health impacts.</p> <p>b. SHOPS will work with pharmaceutical</p>	<p>a. SHOPS will track WaterGuard promotion activities and distribution points for HTH chlorine and will ensure that recipients of the promotion activities or the distribution of HTH chlorine receive information about proper storage and disposal of these products.</p> <p>b. SHOPS will ensure that zinc importers</p>	<p>a. SHOPS staff in Malawi.</p> <p>b. SHOPS staff in Malawi.</p>	<p>a. List of where WaterGuard promoted and HTH Chlorine distributed with checklist of whether information regarding storage and disposal was included in promotion or distribution process.</p> <p>b. Waste management policy</p>	<p>a. SHOPS staff will keep a list of where they promoted the sale of WaterGuard as well as where they distributed HTH Chlorine and whether or not information regarding proper storage and disposal was conveyed to recipients and ensure it is adhered to.</p> <p>b. SHOPS staff will</p>	<p>a. Data regarding promotion and distribution will be tracked on an on-going basis as these activities occur.</p> <p>b. Bi-annual review of</p>

Category of Activity from Section 4 of PEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of PEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
	importers to increase the availability of commercial zinc in Malawi. Improper disposal of and/or inappropriate sale of expired zinc products could have negative health impacts.	have a waste disposal and management plan in place for expired pharmaceuticals.		at pharmaceutical companies includes procedure for disposing of expired drugs by returning to the manufacturer when possible and by following the Malawi Pharmacy and Poisons Board Guidelines on Drug Destruction.	review waste management plans of any zinc importers that we partner with to ensure they are compliant with Malawi Pharmacy and Poisons Board Guidelines on Drug Destruction.	monitoring plan and discussion with importer about waste disposal practices.

Malawi – Environmental Mitigation and Monitoring Report

List each Mitigation Measure from column 3 in the EMMP Mitigation Plan (EMMP Part 2 of 3)	Status of Mitigation Measures	List any outstanding issues relating to required conditions	Remarks
Training will discuss infection control measures for health workers, including wearing masks, washing hands, employing room	Training on TB treatment and HIV case management included section dedicated to infection control measures. This topic is especially important for disease like TB and HIV, thus this has always been included in TB and HIV trainings.		

ventilation techniques, creating treatment rooms with negative pressure, and properly disposing of sharps and other biomedical waste such as sputum.			
a. SHOPS will track WaterGuard promotion activities and distribution points for HTH chlorine and will ensure that recipients of the promotion activities or the distribution of HTH chlorine receive information about proper storage and disposal of these products.	All marketing and behavior change communication efforts have included the proper storage and disposal methods for chlorine		
b. SHOPS will ensure that zinc importers have a waste disposal and management plan in place for expired pharmaceuticals.	No partnerships with importers were established during this year, thus no mitigation efforts were required		

Namibia – Environmental Mitigation and Monitoring Plan

Category of Activity from Section 4 of PEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of PEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Education, technical assistance, training for those activities that directly or	a. SHOPS will adapt the public sector medical male circumcision training materials for the private sector and	a. Training materials will include information on proper disposal of medical waste resulting from clinical delivery of medical male circumcision.	a. SHOPS staff at Jhpiego who are adapting curriculum for private sector trainings.	a. Training materials include reference to environmental impacts of medical waste created during circumcision	a. Review of materials.	a. Once

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
indirectly generate hazardous medical waste, etc.	<p>implement trainings with private providers. Trainings and service delivery after trainings will result in hazardous medical waste.</p> <p>b. Nurses operating Mister Sister mobile clinics will be trained in clinical outreach and potentially additional HIV/AIDS services. These trainings and the services provided as part of the trainings could generate hazardous medical waste.</p>	<p>b. Training materials and operating protocols will include information on proper disposal of medical waste resulting from clinical delivery of HIV/AIDS services. They will also include information on proper storage, transport, and disposal of any public health commodities related to the delivery of the HIV/AIDS services taught in the trainings.</p>	<p>b. PharmAccess Foundation staff in Namibia</p>	<p>procedure.</p> <p>b. Environmental impact included in training curriculum, protocols, and other materials</p>	<p>b. Review of materials.</p>	<p>b. Once</p>
2. Blood testing, care, treatment generation of hazardous health waste.	Mister Sister clinics supported by the SHOPS project provide primary health care and HIV/AIDS services	Mister Sister mobile clinics have waste management systems in place to ensure proper disposal of medical waste (including sharps) resulting from outreach	PharmAccess Foundation staff in Namibia	Mister Sister operating systems and protocols include guidelines on mitigating environmental	Review of Mister Sister operation procedures and protocols.	Once: standard operating procedures and protocols

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
	(testing) that generate hazardous medical waste.	<p>activities (provision of services).</p> <p>PharmAccess has implemented the monthly medical monitoring as a supervision tool on all Mister Sister mobile clinics. The tool is a checklist used to verify if policies are implemented, checking commodities, waste management, injection process, post-exposure prophylaxis (PEP), screening patients, pharmaceutical practice, and facility hygiene.</p> <p>Protocols in place include:</p> <ul style="list-style-type: none"> - NA13 SOP for Waste Disposal - NA10 SOP for blood sample collection through finger prick - NA17 Discordance HIV Record sheet - NAS01 Checklist for H IV Rapid Testing 1:20 RE-TESTING Log - NA02 HIV Rapid Test Quality Control Record Sheet 		<p>impacts of hazardous health waste.</p> <p>Mister Sister mobile vans pass monthly checks on implementation of policies.</p>	Monthly medical monitoring reviews.	Monthly: medical monitoring as supervision

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
		<ul style="list-style-type: none"> - NA14 SOP on Needle Stick Injury and PEP - NAPD001 Policy on infection control 				
3. Procurement, storage, management, and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents	Provision of primary health care and HIV/AIDS services requires procurement, storage, management, and disposal of public health commodities.	<p>Mister Sister mobile clinics have operating protocols in place that discuss proper storage and disposal of public health commodities including recommending return to the manufacturer for expired products.</p> <p>Protocols being followed are:</p> <ul style="list-style-type: none"> - NAS30 List of medicine, ordering of medicines and sundry items are based on a standard essential medicine list which is an agreed upon list from the MoHSS of pharmaceuticals and other non-pharmaceutical items used in the mobile clinics. It is recommended that registered and enrolled nurses submit routine orders for their individual mobile clinics from the different regional public hospitals once a month 	PharmAccess Foundation Namibia staff	Mister Sister protocols include guidelines on disposal of public health commodities.	QA reviews that include review of protocols	Monthly

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
		<ul style="list-style-type: none"> - SOP for ordering, receipt, recordkeeping and storage of medicine and sundry items - NA11 Policy on Medicine usage - NA13 Drug stock management support tool 				

Namibia – Environmental Mitigation and Monitoring Report

List each Mitigation Measure from column 3 in the EMMP Mitigation Plan (EMMP Part 2 of 3)	Status of Mitigation Measures	List any outstanding issues relating to required conditions	Remarks
a. Training materials will include information on proper disposal of medical waste resulting from clinical delivery of medical male circumcision.	N/A		Activity not started. For Mister Sister, SHOPS conducts health education and male circumcision awareness campaign. No medical waste is generated
b. Training materials and operating protocols will include information on proper disposal of medical waste resulting from clinical delivery of HIV/AIDS services. They will also include	Done.		

information on proper storage, transport, and disposal of any public health commodities related to the delivery of the HIV/AIDS services taught in the trainings.			
<p>Mister Sister mobile clinics have waste management systems in place to ensure proper disposal of medical waste (including sharps) resulting from outreach activities (provision of services).</p> <p>PharmAccess has implemented the monthly medical monitoring as a supervision tool on all Mister Sister mobile clinics. The tool is a checklist used to verify if policies are implemented, checking commodities, waste management, injection process, post-exposure prophylaxis (PEP), screening patients, pharmaceutical practice, and facility hygiene.</p> <p>Protocols in place include:</p> <ul style="list-style-type: none"> - NA13 SOP for Waste Disposal - NA10 SOP for blood sample collection through finger prick - NA17 Discordance HIV Record sheet - NAS01 Checklist for HIV Rapid Testing 1:20 RE-TESTING Log - NA02 HIV Rapid Test Quality Control Record Sheet - NA14 SOP on Needle Stick Injury and PEP - NAPD001 Policy on infection control 	Done.		
Mister Sister mobile clinics have operating protocols in place that discuss proper storage and disposal of public health commodities including recommending return to the manufacturer for expired products.	Done.		Mister Sister mobile clinics also follow procedures for the PharmAccess Health Care Services Supervisor

<p>Protocols being followed are:</p> <ul style="list-style-type: none"> - NAS30 List of medicine, ordering of medicines and sundry items are based on a standard essential medicine list which is an agreed upon list from the MoHSS of pharmaceuticals and other non-pharmaceutical items used in the mobile clinics. It is recommended that registered and enrolled nurses submit routine orders for their individual mobile clinics from the different regional public hospitals once a month - SOP for ordering, receipt, recordkeeping and storage of medicine and sundry items - NA11 Policy on Medicine usage - NA13 Drug stock management support tool 			for using the medical monitoring questionnaire and use information gathered from the field visits to monitor progress towards resolving identified problems, and ensure continuous follow up in subsequent visits.
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Nigeria – Environmental Mitigation and Monitoring Plan

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Procurement, storage, management, and disposal of public health commodities,	While training providers in updated WHO diarrhea management protocols using	SHOPS staff will ensure that any products purchased for training or demonstration purposes will be stored according to the information provided on the manufacturer's Materials Safety	SHOPS Staff in Nigeria.	Documentation of storage of zinc according to manufacturer's Materials Safety	SHOPS staff in Nigeria will make note of zinc purchased, how it is	Annual

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents.	zinc and ORS, SHOPS may procure zinc sulfate for training and demonstration purposes. Improper disposal could have negative environmental impacts.	Data Sheet and that if disposal is required, due to expiration date or any other reason, SHOPS staff will attempt to return it to the manufacturer or dispose of it according to National Agency for Food and Drug Administration and Control (NAFDAC) guidelines.		Data Sheet and if necessary, disposal of expired or otherwise unusable product also documented.	stored, and if disposed of, method of disposal.	

Nigeria – Environmental Mitigation and Monitoring Report

List each Mitigation Measure from column 3 in the EMMP Mitigation Plan (EMMP Part 2 of 3)	Status of Mitigation Measures	List any outstanding issues relating to required conditions	Remarks
SHOPS staff will ensure that any products purchased for training or demonstration purposes will be stored according to the information provided on the manufacturer's Materials Safety Data Sheet and that if disposal is required, due to expiration date or any other reason,	As of the end of the year, June 30, 2013, SHOPS has not purchased any products for the training. So far, only one training session has been held, and the product manufacturers attended and brought their own products.		

SHOPS staff will attempt to return it to the manufacturer or dispose of it according to National Agency for Food and Drug Administration and Control (NAFDAC) guidelines.			
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Uganda – Environmental Mitigation and Monitoring Plan

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PIEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Education, technical assistance, training for those activities that directly or indirectly generate hazardous medical waste, etc.	Through Marie Stopes Uganda SHOPS will offer trainings in emergency obstetric care, including management of obstructed labor and postpartum hemorrhage, vaginal breech delivery, preterm labor, and indicators for cesarean sections. This training will be provided to 32 new service providers along with refresher training for 14 already existing service providers. Trained providers will then participate in a safe	All providers participating in the voucher program will receive training on infection prevention & medical waste disposal including: <ul style="list-style-type: none"> • Decontamination procedures; • Medical waste management, including sharps disposal; • Cleaning and hand washing; • Use of sterile gloves and disposables. 	Director, Medical Development Team, MSU	1. Attendance of required staff at training courses. 2. Discussion on environmental impact included in education, technical assistance, training and other materials.	1. Training attendance reports. 2. Review of training and educational materials.	Annual Annual

Category of Activity from Section 4 of PEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PEE)	Description of Mitigation Measures for these activities as required in Section 5 of PEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
	delivery voucher program. Trainings may result in the generation of hazardous medical waste.					
2. Blood testing, care, treatment generation of hazardous health waste.	<p>Delivery of obstetric and reproductive health services as a result of participation in the vouchers program may generate highly hazardous medical waste. Voucher services include:</p> <ul style="list-style-type: none"> • Antenatal care; • Delivery; • Postnatal care; • Postpartum IUD insertion. 	All providers will receive a standardized training program and implementation of the procedures discussed in the training will be controlled through regular monitoring.	Director, Medical Development Team, MSU	<p>1. Results from StarScan Clinical Audit verifying franchisees are adhering to clinical and administrative guidelines.</p> <p>2. Quality technical assurance (QTA) with standardized checklist that provides rapid assessment of clinical and infection prevention standards, client-care, stock</p>	<p>1. StarScan Clinical Audit:</p> <ol style="list-style-type: none"> Facility assessments and interviews with facility staff; Observation of FP and other procedures; Discussion on skills gaps. <p>2. Results from QTA.</p>	<p>Annual</p> <p>Annual</p>

Category of Activity from Section 4 of PEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PEE)	Description of Mitigation Measures for these activities as required in Section 5 of PEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
				management, etc.		
3. Procurement, storage, management, and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents.	While training providers in updated WHO diarrhea management protocols using zinc and ORS, SHOPS may procure zinc sulfate for training and demonstration purposes. Improper disposal could have negative environmental impacts.	SHOPS staff will ensure that any products purchased for training or demonstration purposes will be stored according to the information provided on the manufacturer's Materials Safety Data Sheet and that if disposal is required, due to expiration date or any other reason, SHOPS staff will attempt to return it to the manufacturer or dispose of it according to National Drug Authority guidelines.	SHOPS Staff in Uganda.	Documentation of storage of zinc according to manufacturer's Materials Safety Data Sheet and if necessary, disposal of expired or otherwise unusable product also documented.	SHOPS staff in Uganda will make note of zinc purchased, how it is stored, and if disposed of, method of disposal.	Annual

Uganda – Environmental Mitigation and Monitoring Report

List each Mitigation Measure from column 3 in the EMMP Mitigation	Status of Mitigation Measures	List any outstanding	Remarks
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Plan (EMMP Part 2 of 3)		issues relating to required conditions	
All providers participating in the voucher program will receive training on infection prevention & medical waste disposal including: decontamination procedures; medical waste management, including sharps disposal; cleaning and hand washing; use of sterile gloves and disposables.	All trainings were successfully conducted covering these specific mitigation measures.		
All providers will receive a standardized training program and implementation of the procedures discussed in the training will be controlled through regular monitoring.	All trainings were successfully conducted covering these specific mitigation measures.		
SHOPS staff will ensure that any products purchased for training or demonstration purposes will be stored according to the information provided on the manufacturer's Materials Safety Data Sheet and that if disposal is required, due to expiration date or any other reason, SHOPS staff will attempt to return it to the manufacturer or dispose of it according to National Drug Authority guidelines.	As of June 30, 2013, no trainings had been held and no product purchased.		

Annex D: Project Performance Monitoring Plan Report

The following section is the SHOPS PMP for Year Four.

Result 1 ENABLING ENVIRONMENT Strengthened Global Support for SOTA Private Sector FP/RH Approaches, Products and Services	
Indicator	Results for Year 4
Sub IR 1.1 Partnerships established with key global agencies/organizations to provide leadership in private sector programming for health	
<p>1. Number of alliances/partnerships established with SHOPS assistance</p> <p>Definition: This indicator measures instances where SHOPS collaborates closely with another institution to hold an event that informs the international health community about the benefits of the private sector or to conduct an activity together related to promoting the role of the private sector. Examples could include SHOPS collaboration with the World Bank to hold knowledge-sharing event or working with developing country government ministry to prepare a proposal related to the private sector for the Global Fund.</p>	<p>11 partnerships established</p> <ul style="list-style-type: none"> • Clinton Health Access Initiative, Clinton Foundation • Corporate Council in Africa • GBC Health • Gesellschaft für Internationale Zusammenarbeit • HANSHEP Health Enterprise Expo • International AIDS Society (2012) • International Finance Corporation's Health in Africa • International Health Economics Association • mHealth Alliance on e-conference • Women Deliver Inc. • World Bank

Result 1 ENABLING ENVIRONMENT**Strengthened Global Support for SOTA Private Sector FP/RH Approaches, Products and Services**

Indicator	Results for Year 4
<p>2. Funds leveraged through partnerships²</p> <p>Definition: This indicator measures project or program costs not borne by USAID that are leveraged through partnerships. It includes all contributions, including cash and in-kind. This measure demonstrates the commitment of other organizations to achieving the same results and joint ownership of the process and results</p>	<p>\$2,399,772 in total cost shares for Year 4</p> <ul style="list-style-type: none">• Department for International Development (UK) - \$229,766 (Cash), \$8,106 (In Kind)• International Finance Corporation- \$47,959 (Cash), \$5,000 (In Kind)• Kreditanstalt für Wiederaufbau - \$553,262 (Cash)• Karnataka Health Promotion Trust, India- \$63,920 (In Kind)• M&G Pharmaceuticals - \$27,000 (Cash)• PharmAccess- \$1,036,576 (Cash), \$278,183 (In Kind)• Redstone Strategy Group LLC-PBF - \$150,000 (Cash)

² For this indicator, we have reported on cost share. Funds leveraged is not currently tracked and would likely be significantly higher.

Sub IR 1.2 Policy dialogue, collaboration, and partnerships between the public and private sectors enhanced	
<p>3. Number of countries with health sector policies that specify the role of the private sector as a result of SHOPS assistance</p> <p>Definition: This indicator tracks the number of countries with health sector policies, including strategic plans and operational guidelines that specify the role of the private sector as a result of SHOPS assistance.</p>	<p>2 countries with health sector policies with private sector roles</p> <ul style="list-style-type: none"> Kenya- Supported drafting of Kenya Health Sector Strategic Plan III specifying the private sector role and encouraging public-private coordination in delivering health services. Zambia- Brokered change to a national policy regarding educational requirements needed for admittance into private medical training institutions
<p>4. Number of policy workshops convened with SHOPS support to strengthen commitment to private sector approaches</p> <p>Definition: This indicator captures the number of policy workshops and seminars convened by SHOPS to strengthen commitment to private sector approaches at the national-level.</p>	<p>10 policy workshops convened with SHOPS support</p> <ul style="list-style-type: none"> Antigua Task Force Meetings (2 workshops) Antigua Health Information Systems Technical Working Group workshop Ivory Coast Private Sector Assessment dissemination workshop Malawi Public Private Partnership Technical Working Group workshop Malawi Medical Council M&E tools workshop Malawi Nurses and Midwives' Council M&E tools workshop Malawi Pharmacy and Poisons Board workshop Malawi PPP TWG meeting with MOH senior management to finalize PPP TOR Tanzania Private Sector Assessment dissemination workshop

Sub IR 1.3 An environment supportive of the private health sector promoted	
<p>5. Number of policy incentives created to increase private sector participation in products and service delivery</p> <p>Definition: The purpose of this indicator is to measure the extent to which governments facilitate the private sector's involvement in providing product or services. Tariff relief that exempts contraceptives from import duties is one of the most widely practiced policy incentive to private sector service delivery. Public-sector issued vouchers may be used to reimburse private sector physicians for performing voluntary sterilizations and IUD insertions. Other examples of incentives include income tax credits given for employers who underwrite health services for workers or for private sector organizations that provide health services.</p>	

<p>6. Number of identified barriers to private sector participation in policy development/service delivery removed</p> <p>Definition: The purpose of this indicator is to measure the extent to which national governments expand private sector participation in developing policy and in providing services for all sectors of the population. In the policy formulation arena, barriers may include restricting planning meetings to the public sector. In the service delivery arena, this may include undue licensing requirements for providers, client eligibility requirements (such as marital status or minimum age), advertising and promotion regulations or import policies. To measure change over time, only policy barriers that were identified at baseline and documented in project documents in advance of project interventions should be counted.</p>	
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Result 2 KNOWLEDGE AND COMMUNICATION

Knowledge about and Understanding of Private Sector Provision of FP/RH and Other Health Information, Products and Services Advanced

Indicator	Results for Year 4
Sub IR 2.1 Programmatic and operations research conducted to evaluate and/or validate promising private health sector models, approaches, and tools and the findings widely disseminated	
<p>7. Number of SHOPS research reports completed and disseminated</p> <p>Definition: The purpose of this indicator is to track how many research reports (global research, process evaluations, and impact evaluations) are completed and disseminated.</p>	<p>4 research reports completed and disseminated</p> <ul style="list-style-type: none"> • Research Insights & Report: HIV Testing by Private Health Providers: Evidence from 18 Countries • Research Insights & Report: Private Provider Knowledge, Attitudes, and Practices Related to Long-Acting and Permanent Contraceptive Methods in Bangladesh • Report: Malawi Private Health Sector Mapping • Report: Performance Improvement Recognition: Private Providers of Reproductive Health Services in Peru
<p>8. Number of times SHOPS research reports downloaded from SHOPS project website</p> <p>Definition: This indicator tracks the number of global research, process evaluation, and impact evaluation reports that are downloaded from the SHOPS website.</p>	<ul style="list-style-type: none"> • <i>Research Insights: HIV Testing by Private Health Providers: Evidence from 18 Countries</i> downloaded 451 times. • <i>Research Insights: Private Provider Knowledge, Attitudes, and Practices Related to Long-Acting and Permanent Contraceptive Methods in Bangladesh</i> downloaded 438 times and corresponding report downloaded 258 times. • Research report <i>Malawi Private Health Sector Mapping Report</i> downloaded 140 times. • Research report <i>Performance Improvement Recognition: Private Providers of Reproductive Health Services in Peru</i> downloaded 372 times.

Sub IR 2.2 Key topics related to the private health sector identified and global data compiled, analyzed and disseminated	
<p>9. Number of visits to SHOPS project website</p> <p>Definition: This indicator tracks how many visits are made to the SHOPS website.</p>	<ul style="list-style-type: none"> • SHOPS Project Website- 16,802 unique visitors total • Network for Africa page on the SHOPS website- 1,144 unique visitors total
<p>10. Number and type of attendees at SHOPS knowledge sharing events</p> <p>Definition: This indicator captures how many people and what types of organizations (governments, NGOs, private sector, and academia) have participated in SHOPS knowledge-sharing events, such as e-conferences, workshops, and the Private Sector Working Group (PSWG).</p>	<ul style="list-style-type: none"> • 49 knowledge sharing events with more than 1,760 attendees representing Ministries of Health, NGOs, associations, donors, development partners, implementing partners, academic organizations and commercial sector (private providers, pharmaceutical companies, multinational corporations and insurance companies). • 144 people attended the 2 SHOPS sponsored pre-IHEA webinars • 330 people attended SHOPS Healthy Business e-learning course

<p>11. Number of SHOPS technical reports on private sector topics completed and disseminated</p> <p>Definition: This indicator tracks the number of SHOPS technical reports (reports excluding global research, process evaluation, or impact evaluation studies) that are completed and disseminated.</p>	<p>12 technical reports including country assessments, briefs, primers and tools completed and disseminated</p> <ul style="list-style-type: none"> • Private Sector Engagement in HIV/AIDS and Health in the Eastern Caribbean (Brief)³ • Paraguay Family Planning Private Health Sector Assessment (Brief)⁴ • Nigeria Private Sector Health Assessment • Namibia Private Health Sector Assessment (Brief)⁵ • Total Market Initiatives for Reproductive Health • Tanzania Private Health Sector Assessment (Brief and Full Report) • m-Enabled Inclusive Business Models: Applications for Health • Madagascar Program Profile • Direct Sales Agent Models in Health • Commercial Prospects for Donor-Funded Namibian NGOs • Bangladesh Family Planning Private Health Sector Assessment (Brief)⁶ • Social Marketing: Leveraging the Private Sector to Improve Contraceptive Access, Choice, and Use
<p>12. Number of private sector country assessments conducted</p> <p>Definition: This indicator tracks the number of SHOPS technical reports (reports excluding global research, process evaluation, or impact evaluation studies) that are completed and disseminated.</p>	<p>3 private sector country assessments conducted</p> <ul style="list-style-type: none"> • Benin Private Sector Health Assessment • Botswana Private Sector Health Assessment • Ivory Coast Private Sector Health Assessment

³ Full report completed Year 3 (July 1, 2011-June 30, 2012)

⁴ Full report completed Year 1 (Sept 30,2009- June 30, 2010)

⁵ Full report completed Year 1 (Sept 30-200-June 30, 2010)

⁶ Full report completed Year 3 (July 1, 2011-June 30, 2012)

Sub IR 2.3 Effective monitoring and evaluation conducted to support accomplishment of project goals	
<p>13. Number of activity level M&E plans developed</p> <p>Definition: The purpose of this indicator is to track how many SHOPS activity-level M&E plans have been completed by activity leads.</p>	<p>9 M&E Plans developed during Year 4</p> <p>Global Activities</p> <ul style="list-style-type: none"> • Depo-Sub Q • HANSHEP Challenge Fund <p>Country Activities</p> <ul style="list-style-type: none"> • Bolivia • Ethiopia • India • Ivory Coast • Kenya • Nigeria Zinc • Uganda Zinc
<p>14. Number of activity level M&E plans monitored and used to make programmatic changes</p> <p>Definition: This indicator measures how many activity-level M&E plans were used to track indicators and make mid-course corrections during the past reporting period.</p>	<ul style="list-style-type: none"> • Programmatic changes were made in 5 activities: <ul style="list-style-type: none"> ○ Ghana: Revised strategy for sensitizing Licensed Chemical Sellers by offering of one-on-one technical assistance based on monitoring data of LCS interest and uptake. ○ India: Rewarded, evaluated, motivated or de-emphasized support to a participating clinic based on analysis of monitoring data from a DMPA program. ○ Jordan: Including a CAT on IUD insertion for nulliparous women during detailing visits based on monitoring data showing provider interest and including training on clinical breast-exams prior to prescribing hormone-based contraceptives for networked-providers based on client complaint follow-up data ○ Kenya: Increased Cooperative Insurance Company insurance product and premiums on Afya Bora after reviewing monitoring data on system inefficiencies ○ Nigeria: Lowered seed stock of FP (IUDs and implants)products to trained providers based on data showing an excess of unsold products

Result 3 PRIVATE SECTOR SYSTEMS STRENGTHENED**Key private health sector systems strengthened and innovative, effective and sustainable private sector FP/RH and other health programs initiated, implemented, and scaled up**

Indicator

Results for Year 4

Sub IR 3.1 SUPPLY

Effective private sector service delivery and distribution models to increase access to the use of FP/RH and other health products and services strengthened, demonstrated and scaled up

15. Number of new products introduced with SHOPS support

Definition: This indicator tracks the number of new health products that are introduced in the countries where SHOPS is working as well as new products introduced on a global-level by pharmaceutical companies or other entities. This includes new products, such as Depo-SubQ, or new to the market product. An illustrative example of a “new to the market product” was the Locon-F product that PSP-One introduced in Nigeria. It was iron fortified and imported from India and did not exist on the market previously in terms of formulation. But even if the same formulation had existed, if the project introduced another brand name, it would count as a new product for this indicator.

1 new product introduced with SHOPS support

- India- Introduced zinc product Zintalyte (Pharma Synth)

<p>16. a. Number of products sold with SHOPS support</p> <p>Definition: This indicator captures the volume of sales of products such as oral contraceptives, condoms, injectables, zinc, and ORS packets sold by product type and country</p>	<ul style="list-style-type: none"> • Ghana – 1.32 million zinc treatments • India <ul style="list-style-type: none"> ○ 15,292 liters of ORS; 44,710 strips with 14 Zinc tablets each; 28,522 syrup bottles of Zinc (through Pharma Synth) • Jordan – 17,249 IUDs; 16,343 Pills; 80,800 Condoms; 1,395 Injectables; 280 Implants (Implanon) • Nigeria - 594,980 zinc treatments
<p>16. b. Number of products distributed with SHOPS support</p> <p>Definition: This indicator captures the volume products distributed such as oral contraceptives, condoms, injectables, zinc, and ORS packets by product type and country</p>	<ul style="list-style-type: none"> • Malawi <ul style="list-style-type: none"> ○ 13,000 bottles of Water Guard distributed ○ 132 25kg containers of HTH distributed⁷ • Namibia <ul style="list-style-type: none"> ○ 18,704 condoms distributed for HIV prevention • Nigeria⁸ <ul style="list-style-type: none"> ○ 31,750 Oral Contraceptive Pills ○ 21,731 FP/RH counseling visits ○ 17,436 LARCs (3,225 implants (Jadelle); 14,211 IUDs) ○ 32,820 injectables (Depo)

⁷ Each bottle of WaterGuard treats 600 liters; each 25 kg container of HTH, when constituted into 1% stock solution treats 5.2 million liters. As a result, 413.5 million liters of water were treated.

⁸ Products counted under this indicator for Nigeria are products distributed to all new providers as seed stock through the SHOPS Nigeria program.

<p>17. Number of pharmaceutical partnerships supported by SHOPS</p> <p>Definition: This indicator measures the number of pharmaceutical partnerships that receive technical assistance from SHOPS</p>	<p>12 pharmaceutical partnerships established with the support of SHOPS</p> <ul style="list-style-type: none"> • Global <ul style="list-style-type: none"> ○ Pfizer Inc. • Ghana <ul style="list-style-type: none"> ○ M&G Pharmaceuticals ○ LaGray Chemicals Ltd. • India <ul style="list-style-type: none"> ○ JK Ansell ○ Vision Spring ○ Ranbaxy ○ PharmaSynth ○ Population Health Services India • Jordan <ul style="list-style-type: none"> ○ Pharmacy One • Kenya <ul style="list-style-type: none"> ○ Cosmos Pharmaceutical • Nigeria <ul style="list-style-type: none"> ○ Olpharm Pharmaceuticals ○ Chi Pharmaceuticals Ltd.
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<p>18. Number of SHOPS supported health services delivered</p> <p>Definition: This indicator measures the number of SHOPS supported services delivered, such as insertions of IUDs, vasectomies, or a FP/RH, HIV testing or other counseling sessions such as nutritional sessions for pregnant women, pre-natal care visits, and well child visits, by type and country.</p>	<ul style="list-style-type: none"> • Bangladesh <ul style="list-style-type: none"> ○ 169 LAPMs (52 implants, 51 IUDs, 63 tubal ligations, 3 vasectomies) ○ 12,278 FP counseling visits through outreach • India <ul style="list-style-type: none"> ○ 106 patients tested for chest symptomatics for tuberculosis, 27 of the tested patients diagnosed with tuberculosis. ○ 27,600 DMPA users⁹ • Jordan-153,023 women received FP counseling through outreach • Namibia <ul style="list-style-type: none"> ○ 1,145 patients received HIV counseling and testing services ○ 71 men referred to male circumcisions¹⁰ • Nigeria¹¹ <ul style="list-style-type: none"> ○ 21,731 FP/RH counseling visits ○ 6,207 Condoms ○ 7,014 LARCs (3,911 IUDs; 3,103 implants) ○ 3,124 Oral Contraceptive Pills (203 Lofeminal; 2,588 Combi 3; 333 Microgenon) ○ 2,708 Injectables (Noristerat)
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⁹ Numbers are extrapolated for the reporting year based on 2,300 users per month as per monthly MIS data for May'13 and June'13.

¹⁰ Actual number of male circumcision services provided is not currently available. Data expected to be available in December 2013.

¹¹ Condoms, LARCs, OC pills and injectables counted under this indicator for Nigeria are products that were distributed by providers during counseling services.

<p>19. Number of different private sector models that aim to increase the supply of products or services to target populations established, expanded or strengthened</p> <p>Definition: The purpose of this indicator is to measure the establishment or expansion of different models of distribution networks or partnerships that increase the supply of quality RH/FP services by the private sector. A provider network such as a franchise is an example of a model that establishes or expands service delivery points offering RH/FP services at an expected standard of quality. Partnerships with multinational corporations that have explicit links with local distribution networks can increase the supply of RH/FP products.</p>	<p>8 different private sector models</p> <ul style="list-style-type: none"> • India <ul style="list-style-type: none"> ○ Commercial rural health model to deliver public health services and products (ITC e-choupal Rural Health Initiative) ○ Commercially viable rural health demand-supply model to deliver zinc/ORs to rural communities (Pharma Synth Initiative) ○ Private provider network to expand access and demand for injectable contraceptives through the private sector (DIMPA) ○ Private provider engagement with national program (TB program) • Malawi <ul style="list-style-type: none"> ○ Social franchise ○ Market-based distribution model of water treatment products ○ Contracting out (MOH contracting out services to FBOs) • Tanzania - Private medical training institutes • Zambia - Private medical training institutes
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<p>20. Number and amount of loans/financing to the health sector</p> <p>Definition: This indicator captures the number of loans made to the health sector and information about the amounts of the individual loans. The amounts of the individual loans can be reported in several different ways - we may report the mean, median or range of the loans provided.</p>	<p>Total: 378 loans; \$2,439,390</p> <ul style="list-style-type: none"> • Ethiopia- 2 loans, \$178,428 • Nigeria <ul style="list-style-type: none"> ○ 317 loans, \$481,063; Acción Microfinance Bank ○ 10 loans, \$187,500; Diamond Bank ○ 38 loans, \$891,019; Fidelity Bank • Zambia <ul style="list-style-type: none"> ○ 12 loans, \$701,380
<p>Sub IR 3.2 DEMAND</p> <p>Targeted private sector behavior change, communications and marketing strategies to increase access to and use of FP/RH and other health products and services implemented</p>	
<p>21. Number of BCC campaigns implemented</p> <p>Definition: For the purpose of this indicator a “campaign” is defined as a set of communication activities consisting of materials and messages designed to reach specific intended audiences. Examples of campaigns include radio spots and community outreach.</p>	<p>6 BCC campaigns implemented</p> <ul style="list-style-type: none"> • Ghana • Jordan • Kenya • Malawi • Nigeria • Uganda

<p>22. Number of BCC strategies created</p> <p>Definition: For the purpose of this indicator a “strategy” is defined as a document that outlines the goals to be attained with BCC interventions and a description of the BCC interventions methods to be used to attain the goal. Examples include Live Well Kenya’s marketing strategy developed with technical assistance from SHOPS.</p>	<p>5 BCC strategies created</p> <ul style="list-style-type: none"> • India • Jordan • Kenya • Malawi • Nigeria (Zinc)
<p>Sub IR 3.3 SUSTAINABILITY</p> <p>Strategies to improve market segmentation, viability, and sustainability identified and employed</p>	
<p>23. Number of private providers with improved knowledge and skills in business and financial management after SHOPS training</p> <p>Definition: The purpose of this indicator is to measure increases in business skills that will lead to greater viability of private provider businesses in the long term. Improvements in market analysis, financial tracking and record keeping skills are examples of business management skills that contribute to long terms business viability.</p>	<p>1,502 private providers with improved knowledge and skills in business and financial management</p> <ul style="list-style-type: none"> • Ghana- 815 providers • Ethiopia- 52 providers • Malawi- 126 providers • Nigeria - 425 providers • Zambia - 84 providers

<p>24. Number of provider associations that receive technical assistance from SHOPS</p> <p>Definition: This indicator measures the number of private provider associations that receive technical assistance from SHOPS to help build the financial, programmatic, or organizational capacity of the association.</p>	<p>27 provider associations</p> <ul style="list-style-type: none"> • Bangladesh <ul style="list-style-type: none"> ○ Obstetrician and Gynecologist Society of Bangladesh • Ghana <ul style="list-style-type: none"> ○ Community Pharmacist Practice Association • Jordan <ul style="list-style-type: none"> ○ The Jordanian Association of Family Planning and Protection ○ Jordan Pharmacists Association • Malawi <ul style="list-style-type: none"> ○ Association of Malawian Midwives ○ National Paramedics Private Practitioners Association of Malawi ○ Environmental Health Association ○ Pharmacy Society of Malawi ○ Malawi Association of Medical Laboratory Scientists ○ National Organization of Nurses and Midwives of Malawi ○ Medical Association of Malawi ○ Society for Medical Doctors ○ Paediatric Association of Malawi ○ Physiotherapy Association of Malawi ○ Malawi Orthopaedic Association ○ Palliative Care Association of Malawi ○ Anaesthesia Association of Malawi ○ Paramedics and Allied Health Workers Association of Malawi • Nigeria <ul style="list-style-type: none"> ○ Association of General Private Medical Practitioners of Nigeria ○ Association of Community Pharmacists of Nigeria ○ Association of General Private Nurse Practitioners
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	<ul style="list-style-type: none"> • Zambia <ul style="list-style-type: none"> ○ Zambia Medical Association ○ Pharmaceutical Society of Zambia ○ Alliance of Small Private Health Providers of Zambia ○ Zambian Union of Nurses Association ○ Private Health Sector Business Society of Zambia ○ Association of Private Nursing Colleges in Zambia
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<p>25. Number of NGOs that receive technical assistance in capacity building from SHOPS</p> <p>Definition: The purpose of this indicator is to track NGOs that receive assistance from SHOPS in capacity building. Capacity building may relate to improving financial, institutional, and/or programmatic viability for the target NGOs.</p>	<p>36 NGOs that receive technical assistance</p> <ul style="list-style-type: none"> • Regional <ul style="list-style-type: none"> ○ Regional AIDS Training Network • Bangladesh <ul style="list-style-type: none"> ○ Obstetrician and Gynecologist Society of Bangladesh • Bolivia <ul style="list-style-type: none"> ○ ProSalud/PROMESA • Guatemala <ul style="list-style-type: none"> ○ APROFAM • Jordan <ul style="list-style-type: none"> ○ The Jordanian Association of Family Planning and Protection ○ Jordan Pharmacists Association ○ United Nations Relief and Works Agency • Namibia <ul style="list-style-type: none"> ○ LifeLine/Childline ○ Philippi Trust Namibia ○ Pharmaccess Foundation Namibia ○ Namibia Business Coalition on HIV/AIDS ○ Namibia NGO Forum • Malawi <ul style="list-style-type: none"> ○ Christian Health Association of Malawi (CHAM) Secretariat ○ Banja la Mtsogolo's Blue Star Social Franchise ○ PSI Safeplan Social Franchise ○ Malawi Business Coalition for AIDS ○ St. John's Mission Hospital (CHAM) ○ Likuni Mission Hospital (CHAM) ○ St. Anne's Mission Hospital (CHAM) ○ Trinity Mission Hospital (CHAM) ○ Nkhoma Mission Hospital (CHAM) ○ Madisi Mission Hospital (CHAM)
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	<ul style="list-style-type: none"> • Malawi (contd) <ul style="list-style-type: none"> ○ Holy Family Mission Hospital (CHAM) ○ Ekwendeni Mission Hospital (CHAM) ○ St. Luke's Mission Hospital (CHAM) • Nigeria <ul style="list-style-type: none"> ○ Association of Private GPs of Nigeria ○ Association of Community Pharmacists of Nigeria ○ Association of General Private Nurses Practitioners • Paraguay <ul style="list-style-type: none"> ○ CEPEP (IPPF affiliate) • Tanzania <ul style="list-style-type: none"> ○ Private Nurses and Midwives Association of Tanzania (PRINMAT) • Zambia <ul style="list-style-type: none"> ○ Zambia Medical Associations ○ Pharmaceutical Society of Zambia ○ Alliance of Small Private Health Providers of Zambia ○ Zambian Nurses Association ○ Private Health Sector Business Alliance of Zambia ○ Association of Private Nursing Colleges in Zambia
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<p>26. Number of SHOPS activities that use market segmentation data to improve targeting</p> <p>Definition: This indicator captures the number of times SHOPS uses market segmentation data to reach a targeted audience with selected products and/or services. Market segmentation and targeting increase the efficiency of the health system, as each actor serves the clients it is best positioned to serve. Increased efficiency (defined as cost to serve one client) in turn makes the health program more sustainable.</p>	<p>2 SHOPS activities that used market segmentation data</p> <ul style="list-style-type: none"> • Jordan-1 ; nationwide BCC campaign for IUDs • Kenya- 1; Market analysis (SWOT, PEST, phone survey) on CIC Afya Bora micro-health insurance product
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<p>27. Number of public/private partnerships established/brokered that lead to health systems strengthening</p> <p>Definition: A public/private partnership in health is defined here as any formal collaboration between the public sector at any level (national and local governments, international donor agencies, bilateral government donors) and the non- public health sector (commercial, non-profit and traditional) in order to jointly regulate, finance or implement the delivery of health services, products, equipment, research, communications or education. Health systems strengthening is defined as building capacity in critical components of health systems to achieve more equitable and sustained improvements across health services and health outcomes. This indicator is important since as health systems respond to the increased burden from HIV/AIDS, leveraging the private sector appropriately will help achieve HIV/AIDS health goals. Harnessing private sector potential can help relieve some of the constraints challenging the public sector such as overburdened staff and weak distribution channels.</p>	<p>18 public/private partnerships established/brokered</p> <ul style="list-style-type: none"> • Caribbean <ul style="list-style-type: none"> ○ Antigua - Public-Private Task Force ○ Dominica - LIME Dominica ○ Antigua and Barbuda - HIV/AIDS Network (ABHAN) and St. Kitts MOH ○ Core COP membership with 7 private entity partners • Ghana <ul style="list-style-type: none"> ○ Pharmacy Council ○ Ghana Health Service • India- Government of India- Revised National Tuberculosis Control Program • Jordan <ul style="list-style-type: none"> ○ Johnson and Johnson ○ Nuqul Group ○ Nestle ○ Pharmacy One ○ Ministry of Health • Kenya <ul style="list-style-type: none"> ○ Cosmos Pharmaceuticals • Malawi <ul style="list-style-type: none"> ○ PSI ○ CHAI ○ Millenium Village Project ○ Chikwawa District Health Office • Uganda- National Drug Authority
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IR 3.4 EQUITY/AFFORDABILITY

Financial mechanisms to increase access to private sector FP/RH and other health products and services expanded

<p>28. Number of people covered through SHOPS supported health financing interventions</p> <p>Definition: This indicator measures the number of people that have coverage through SHOPS supported health financing interventions such as employer-based insurance and vouchers.</p>	<ul style="list-style-type: none"> • India- 120 people purchased advanced cooks stoves through partner-offered loan scheme • Jordan <ul style="list-style-type: none"> ○ 37,752 referrals distributed, 28,184 (75%) redeemed for family planning services¹² ○ 16,572 free vouchers distributed, 8,668 (52%) redeemed for family planning services • Namibia - <ul style="list-style-type: none"> ○ 1777 employees covered through employer-based mobile primary health care services program ○ 190,000 men have coverage through health insurance schemes for male circumcisions • Uganda - 35,879 vouchers sold by community-based-distributors for healthy pregnancy and delivery services
<p>29. Number of affordable health products introduced as a result of SHOPS assistance</p> <p>Definition: This indicator tracks the number of products being sold for prices lower than comparable products currently available on the market as a result of SHOPS assistance.</p>	<p>3 affordable health products introduced</p> <ul style="list-style-type: none"> • India <ul style="list-style-type: none"> ○ Zinc product Zintalyte (through Pharma Synth) • Nigeria <ul style="list-style-type: none"> ○ Zinc product CHI Paediatric Dispersible Zinc Sulphate Tablet (through Chi Pharmaceuticals, Ltd.) ○ Baby Zinc product and Diarrhea Treatment Kit (through Olpharm Pharmaceutical)

¹² Referrals include free, discounted and normal referrals.

<p>30. Number of health financing models introduced or expanded with SHOPS support</p> <p>Definition: This indicator measures the introduction or expansion of financial mechanisms to cover service delivery and access in SHOPS countries. New financing mechanisms are designed to increase consumer ability to pay for services. Examples of new financing mechanisms include contracting out of services, employer based insurance and vouchers.</p>	<p>7 health financing models introduced or expanded</p> <ul style="list-style-type: none"> • India- Partner-offered loan scheme for advanced cook stoves (66 loans distributed; total amount \$2,400) • Jordan <ul style="list-style-type: none"> ○ Voucher scheme for family planning services ○ Contraceptive choice discount coupons through outreach and private network doctors ○ Family planning insurance benefit scheme • Namibia <ul style="list-style-type: none"> ○ Standard fee structure (health insurance scheme) ○ Employer subscription to mobile primary health care clinic services • Uganda - Voucher scheme for health pregnancy and delivery services
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Sub IR 3.5 QUALITY

Quality of private sector service provision improved

31. Number of private providers with improved knowledge/skills in relevant technical area after SHOPS training

Definition: This indicator captures the effectiveness of SHOPS training in improving knowledge and skills related to service quality among private providers.

4,397 private providers with improved knowledge/skills

- Bangladesh-301 doctors and 270 nurses trained in LAPM related services
- Ghana - 1,000 auxiliary pharmacy staff and 100 community mobilizers trained in diarrhea management
- India- 72 providers trained in child health and nutrition
- Jordan - 613 providers; FP/RH training
- Kenya- 688 providers trained in recommending Zinc and ORS treatment
- Malawi
 - 458 providers and 13 pharmacists trained in new diarrhea management protocols using Zinc and ORS
 - 29 providers trained in TB case management
- Nigeria
 - 555 private providers; Family Wellness, Balanced Counseling Strategy, CTU, LAM, IPAC training
 - 706 Proprietary Patent Medicines Vendors, 55 community pharmacists, 132 clinicians trained in recommending Zinc and ORS treatment for pediatric diarrhea
- Uganda
 - 24 providers; Safe delivery training
 - 69 pharmacy interns trained in recommending Zinc and ORS treatment for pediatric diarrhea

<p>32. Number of targeted facilities implementing quality improvement interventions</p> <p>Definition: This indicator tracks the number of facilities implementing quality improvement interventions supported by SHOPS. Quality improvement interventions may include clinical training of service providers, hospital/clinic management training for managers (planning, budgeting, reporting, etc.), introduction of performance standards for facility performance improvement, or on-job-training.</p>	<p>1,531 targeted facilities implementing quality improvement interventions</p> <ul style="list-style-type: none"> • India <ul style="list-style-type: none"> ○ 1,240 networked private facilities (through DMPA program) ○ 90 private facilities (through TB program) • Jordan <ul style="list-style-type: none"> ○ 17 JAFPP facilities ○ 150 independent private providers • Malawi- 8 facilities • Namibia- 2 mobile vans (through primary health care mobile clinics)¹³ • Uganda MSI – 24 facilities
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¹³ “Safe Care” quality improvement intervention.